



888-430-7199

## **AUTOMATIC TRANSFER REQUEST FORM**

Name:			
I (we) hereby authorize Volt Credit Laccount(s) as indicated below:	Jnion, hereinafter called COMPA	NY, to initiate trans	fer entries to my (our
Transfer Date:	Amount:		Transfer Frequency: Weekly Semi-Monthly Bi-Weekly Monthly
From Account:	Checking	Savings	Loan Payment #
To Account:	Checking	Savings	Loan Payment #
Transfer Date:	Amount:		Transfer Frequency: Weekly ○ Semi-Monthly Bi-Weekly ○ Monthly
From Account:	Checking	Savings	Loan Payment #
To Account:	Checking	Savings	Loan Payment #
transfer to take place and the transfer end of the schedule day. If you take an advance on an open-en representative to increase the amoun possible late fees.	d signature or home equity credit	line, please remind	your Credit Union
I hereby authorize Volt Credit Union t automatic transfer.	o make the above transfers on my	y account and under	stand the conditions of
Signature:	Date:		
For CU use:			Rev. 10/25/18
Start Date:			
Signature verified by:			
O New O Change			