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Authorization for Automatic Transfer

Complete this form for recurring transfers from your account at another financial institution to your loan accounts at MEFCU. Return to any branch office. **Please allow 10 days for transfer to be in effect.**

- New Automatic Transfer
- Cancel Existing Transfer
- Change Transfer Date
- Decrease Existing Transfer
- Increase Existing Transfer
- Change Bank

Transfer from: **Checking** – Attach Voided Check **Savings** – Attach Deposit Slip

Institution Name: _____

Institution Address: _____

Routing Number: _____ Account Number: _____

Account Name: _____

Transfer to MEFCU Loan:

Institution Name: _____ Routing Number: _____

Member Number: _____ Loan Number: _____

Member Name: _____

Original Transfer Amount: _____ Change Transfer Amount To: _____

Date of First Transfer: _____ Date of Last Transfer, if Specified: _____

- Biweekly Monthly Monthly (Last Day of Month) Semi-Monthly (15th and End of Month)
- Change transfer date from _____ to _____

Authorization: I (We) authorize the Institution to transfer funds as described. I (We) agree to maintain sufficient balances to cover such transfers. I (We) agree that the rights of the Institution with respect to each transfer shall be the same as if it were a withdrawal personal signed by me (us). I (We) acknowledge that my automatic payments are governed by the rules of the Automated Clearing House Association. I have received a copy of this authorization.

Signature: _____ Signature: _____ Date: _____

Cancellation Authorization: I (We) authorize the Institution to cancel the described automatic transfer.

Signature: _____ Signature: _____ Date: _____

Office Use Only

Received By: _____

Operator Number: _____

Entered By: _____

Verified By: _____