

FLASHER COMMUNITY CREDIT UNION

PO Box 266 | 105 Main Street Flasher, ND 58535-0266 Ph: 701-597-3391 www.flashercreditunion.org

AUTOMATIC TRANSFER AUTHORIZATION

MEMBER NO					
ACCOUNT OWNER =					Date of Request
☐ NEW RQST	UPDATE		CANCEL I	Processed by _	
I authorize the Flasher (Community Credit U	nion to transf	er funds from m	y account(s) as	follows:
FREQUENCY	Monthly Se	mi-Monthly		•	ekly
Amount: \$	Fro	m Account No	o.:		
Amount: \$	To:	Savings	Checking	Loan	Acct. No. / Suffix:
Amount: \$	To:	Savings	Checking	Loan	Acct. No. / Suffix:
Amount: \$	To:	Savings	Checking	Loan	Acct. No. / Suffix:
Amount: \$	To:	Savings	Checking	Loan	Acct. No. / Suffix:
specified date. If there a partial transfer in any	are not sufficient fur order determined b ng to cancel or upda	nds in the acc y the Flasher te the transfe	ount on the trar Community Crear or or if the FCCU	nsfer date, avai dit Union. The notifies me the	ansfer to be made on the lable funds will be used to make transfers will continue until I transfer will be discontinued. r to the transfer.
XSignature		Date	x		Data
Signature		Date		oigiiature	Date