



345 S. Magnolia Dr., Suite F-1
 Tallahassee, FL 32301
 Fax: 850-402-5334

AUTOMATIC TRANSFER AUTHORIZATION

Name:	Member Account Number:
Address:	
City, State, Zip:	
Home Phone:	Work Phone:
Email Address:	Cell Phone:

New Update Cancel

I authorize TMH Federal Credit Union to transfer funds from my account(s) as follows:

Frequency: Monthly Semi-Monthly Bi-Weekly Weekly

Beginning Date: _____

Amount:	From Account:	To Account/Suffix:

I understand it is my responsibility to maintain a balance in my account to enable the transfer to be made on the specified date. If there are not sufficient funds in the account on the transfer date, available funds will be used to make a partial transfer in any order determined by TMH Federal Credit Union. The transfers will continue until I notify the Credit Union in writing to cancel or update the transfer or if the Credit Union notifies me the transfer will be discontinued. The Credit Union must receive the written request for cancellation seven (7) business days prior to the transfer.

Member Signature

Date

Internal Use Only	Sent/Requested Via: <input type="checkbox"/> Mail <input type="checkbox"/> Facsimile <input type="checkbox"/> In Person	
_____/_____/_____ Date Received	_____/_____/_____ Date Entered	_____ Employee Initials and Teller No.