



## Automatic Transfer Authorization

This is a:  New Request  Cancellation  Change

Amount: \$ \_\_\_\_\_ Frequency:  Monthly  Weekly  Bi-Weekly

Effective Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_

**TRANSFER FROM:** Account Type:  Savings  Checking  Other: \_\_\_\_\_

Account Number: \_\_\_\_\_

**TRANSFER TO:**

ACCOUNT TYPE	ACCOUNT NUMBER	AMOUNT
TOTAL:		

In addition to EQFCU’s other terms and conditions previously disclosed to me, I understand and agree that the terms and conditions stated below apply specifically to EQFCU’s Automatic Transfer Authorization program and remain in effect for as long as I am a participant, or EQFCU notifies me otherwise. Any change made under this program is also covered by these terms and conditions.

- (1) Transfers will be made on the date(s) specified. If funds are insufficient to post a transfer, then on subsequent business days, EQFCU will make continuous attempts to post the transfer until it is completed.
- (2) Transfers scheduled for a day that is an EQFCU holiday or weekend are still posted on those days.
- (3) Transfers post only from the account indicated and only if the transfer would not exceed savings account limitations set forth by applicable regulations.
- (4) EQFCU must receive notice 5 business days prior to the transfer date(s) to cancel this Authorization.
- (5) Funds transferred to an IRA will be considered as deposits in the year in which the transfer is posted.
- (6) EQFCU reserves the right to terminate your participation in this program for reasons including, but not limited to, non-sufficient funds and exceeding limitations on savings accounts as set forth by applicable regulations.

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)

Return Completed form to: Equitable Federal CU  
1889 Brittain Road  
Akron, OH 44310  
-OR-  
Fax Number: 330-633-7607

For Credit Union Use Only	
Received By:	Processed By:
Received On:	Processed On: