



Automatic Transfer Form

Account Title _____

Begin Date _____

Amount _____

Termination Date _____

Frequency _____

1st and/or 15th Monthly Quarterly

First Initial Last Name
(Identification Line)

March June September December

Circle Day and Monthly or Specify Quarterly Months

Transfer From: * _____

Account Number: _____

Routing Number: _____

_____ Checking *

_____ Savings

_____ LOC

_____ Note

_____ Other

Transfer To: _____

Account Number: _____

Routing Number: _____

_____ Checking

_____ Savings

_____ LOC

_____ Note

_____ Other

Payor Signature- if initiating as a draw from another FI _____

_____ Date

Customer Name _____

_____ Date

Customer Signature _____

Received By: _____

_____ Date

*** ATTACH VOIDED CHECK**

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