



Direct Deposit/Transfer Authorization Form

Account #: \_\_\_\_\_
Member/Owner: \_\_\_\_\_
Home Phone: ( ) \_\_\_\_\_ Work/Other ( ) \_\_\_\_\_

DIRECT DEPOSIT

Savings Checking Amount \$ \_\_\_\_\_ Company: \_\_\_\_\_

TRANSFER DISTRIBUTION

Table with 3 columns: Account # From, Account # To, Amount. Multiple rows for distribution details.

Frequency Weekly Bi-Weekly Monthly 1st 15th 25th Begin Transfer(s) Date

AUTHORIZATION

By signing below, I/we agree to and authorize the distributions set forth on this Card. I/We understand that the funds must be available by the close of business on the day of the transfer, and if it is not, it will be my responsibility to make the transfer. I also understand this transfer will continue until which time I notify Lancaster Red Rose Credit Union otherwise.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_