



Instructions for Completing an Authorization for Automatic Transfer

General Information:

This form is used to set up automatic transfers from any share account to another account with the Credit Union.

Form Instructions:

1. Complete all applicable fields
 - a. Member Name
 - b. Member Number
2. Complete the transfer information
Example:

Transfer From Account # & ID	Amount	Receiving Account # & ID	Name on Receiving Account	Effective Date to Start Transfers	Frequency
123456 – 02	\$25.00	5252525-03	M. Member	05-10-2012	Weekly

3. Print completed form
4. Sign and date

Where to Send the Completed Form:

You may mail or fax the form to one of the following locations. Or, you may visit any Credit Union branch location.

Mail to – PO Box 100070
Duluth, Georgia 30096
Attention: Member Care Center
Fax to – 770.476.6500

Branch Locations – www.gucu.org



Authorization for Automatic Transfers

Member Name: _____ Member Number: _____

I would like to request the following transfers to be made on my account:

Transfer From Account # & ID	Amount	Receiving Account # & ID	Name on Receiving Account	Effective Date to Start Transfers	Frequency

I understand that this authorization will remain in effect until a written cancellation is received by the Credit Union. I waive all present and future claims against Georgia United Credit Union and release the Credit Union from all responsibilities for loss or damage not caused by negligence. I understand that the transfer will not be completed if funds are not available in the sending account. However, the program will continue to attempt to transfer the funds until completed. I further realize that I will not have access to the receiving account if I am not listed as an owner on the account.

Member Signature

Date