





2332 W. Chicago Ave., Chicago, IL 60622 Phone: 888-222-8571 Fax: 773-328-7501

AUTHORIZATION AGREEMENT FOR AUTOMATIC FUND TRANSFER

Name(s) on Account:	
TRANSFER FROM	
Account Type:	
Account Number:	
Amount:	
TRANSFER TO	
Account Type:	
Account Number:	
FREQUENCY	
Beginning:	
Frequency:	
This authorization is to remain in force and effect until Selfreliance UAFCU has received written notification from me (or either of us) of its termination in such time and in such manner, as to afford Selfreliance UAFCU a reasonable opportunity to act on it. I understand that Selfreliance UAFCU requires 7 days advance notice for a revoked authorization. I also understand that I may incur an NSF fee if the funds are not available in my account on the date of the automatic transfer.	
Member Signature:	Date:
Received by:	Date:
Processed by:	Date:
******* Cancellation	Request ***********************
Member Signature:	Date:
Received by:	
Processed by:	Date:

Home Office: 2332 W. Chicago Ave., Chicago, IL 60622 773-328-7500 Fax:773-328-7501