None Suffer Lack Federal Credit Union
4710 Auth Place Suite G-1
Suitland, MD. 20746

Automatic Transfer Authorization

Account Owner:_____ **Date of Request:**_____

_____

Address: _____ **Start Date**:_____

_____

Daytime #: _____

☐ New ☐ Update ☐ Cancel Processed by: _____

***I authorize the None Suffer Lack FCU to transfer funds from my account (s) as follows*:**

Frequency ☐ Monthly ☐ Semi-Monthly ☐ Bi-weekly ☐ Weekly ☐ Day(s) Date(s) _____

Amount: $ _____ From Acct No/Suffix: _____ To Loan Acct/Suffix:_____
Amount: $ _____ From Acct No/Suffix: _____ To Loan Acct/Suffix:_____
Amount: $ _____ From Acct No/Suffix: _____ To Loan Acct/Suffix:_____
Amount: $ _____ From Acct No/Suffix: _____ To Loan Acct/Suffix _____

I understand it is my responsibility to maintain a balance in my account to enable the transfer to be made on the specified date. If there are not sufficient funds in my account on the transfer date the transfer will not be made. This transfer authorization will continue until the loan is paid in full or until I notify the credit union in writing to cancel or update the transfer or until the credit union notifies me the transfer will be discontinued. The credit union must receive the written request for cancellation seven (7) business days prior to the transfer.

_____ _____

Signature Date Signature Date

Revised February 2005