SAN FRANCISCO FEDERAL CREDIT UNION

AUTHORIZATION FOR AUTOMATIC PAYMENTS OR TRANSFERS

Member Name _____   Date _____

Member Name _____   Member Number _____

☐ New Authorization   ☐ Change Authorization   ☐ Cancel Authorization

I/We hereby authorize San Francisco Federal Credit Union to deduct the amount indicated as Transfer/Payment Amount from my/our Transfer From Account for credit to the Transfer To Account at the Transfer Frequency as indicated below.

I/We understand that it is my/our responsibility to have sufficient funds on deposit and available in the Transfer From Account on the date of transfer. I/We understand that if sufficient funds are not available, the automatic payment or transfer will not occur and that San Francisco Federal Credit Union is not responsible for any late charges or penalties that may apply to the Transfer To Account.

	Transfer/ Payment Amount	Transfer From Account	Transfer To Account	Transfer/ Payment Frequency	Date of First Transfer/ Payment
Transfer or Payment	$	☐ Checking S- ___ ☐ Savings S- ___	☐ Loan L- ___ ☐ Checking S- ___ ☐ Savings S- ___	☐ Weekly ☐ Bi-Weekly ☐ Monthly Semi-Monthly	
Transfer or Payment	$	☐ Checking S- ___ ☐ Savings S- ___	☐ Loan L- ___ ☐ Checking S- ___ ☐ Savings S- ___	☐ Weekly ☐ Bi-Weekly ☐ Monthly Semi-Monthly	
Transfer or Payment	$	☐ Checking S- ___ ☐ Savings S- ___	☐ Loan L- ___ ☐ Checking S- ___ ☐ Savings S- ___	☐ Weekly ☐ Bi-Weekly ☐ Monthly Semi-Monthly	

	Commencing Date	Due Date of Payment	Frequency of Payment	Final Payment Date	Debit Account	Check Amount
*Check Request			Monthly Bi-Weekly Weekly Other			

Mailing Instructions:

Creditor's Name: _____   City: _____ State: _____ Zip: _____

Address: _____   Reference: _____

Address: _____   _____

*Refer to Truth in Savings Fee Schedule for Bill Paying fee   **Authorization#** _____

Signature: _____   Date: _____

Signature: _____   Date: _____

For Credit Union Use Only:

Operator Name:		Operator #:	Date:		

1403-2013