



Account Transfer
Authorization

Name: _____ Account #: _____ Employer: _____

Routing Number: 211180159

Action Requested: Begin Change Cancel

Transfer Frequency:

Weekly (Friday)

Bi-weekly

Monthly (Specify Date): _____

After Direct Deposit (from): _____

Please transfer from: Savings Checking

Into the following:

Primary Savings (01) \$ _____

Auxiliary Savings \$ _____

Checking (04) \$ _____

Holiday Club (08) \$ _____

Vacation Club (09) \$ _____

Loan Suffix _____ \$ _____

Loan Suffix _____ \$ _____

Other Suffix _____ \$ _____

Other account: _____ Suffix _____ \$ _____

Other account: _____ Suffix _____ \$ _____

Total: \$ _____

Signature: _____ Date: _____