

ER

(808) 244-7968 www.mauicountyfcu.org			_			
(MAUI CO	CREDIT UNION	AU	JTOMATIC TRAN AUTHORIZATIC	ISF DN	
Member/Owner:				Member Number:		
Date of Request:						
Processed by:						
New	Update	Cancel				
I authorize the Credit Union	n to transfer funds from r	my account(s) with	n the following fr	equency:		
Monthly	Semi-Monthly	Bi-Weekly	U Weekly	Day(s)/Date(s):		
Total Amount to Transfer:	\$		From Account N	0:		
Distribution:						
Amount: \$	To: 🗌 Savings/Sha	ire 🗌 Checking/D	raft 🗌 Loan	Acct. No./Suffix:		
Amount: \$	To: 🗌 Savings/Sha	are 🗌 Checking/D	raft 🗌 Loan	Acct. No./Suffix:		
Amount: \$	To: 🗌 Savings/Sha	are 🗌 Checking/D	raft 🗌 Loan	Acct. No./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 the account on the transfer date, available funds will be used to make a partial transfer in any order determined by the Credit Union. The transfers will continue until I notify the Credit Union in writing to cancel or update the transfer or if 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.

Х		х	Х			
Signature	Date	Signature	Date			
Wailuku Branch	K	ahului Branch	Lahaina Branch			
1888 Wili Pa Loop	270 Dairy Rd., #146		270 Lahainaluna Rd.			
Wailuku, HI 96793		hului, HI 96732	Lahaina, HI 96761			
© CUNA Mutual Group, 1993, 2003, 08, ALL RIGHTS RESERVE	D		D22001 (LASER)			