MAUI COUNTY FEDERAL CREDIT UNION
1888 Wili Pa Loop
Wailuku, HI 96793
Phone: 808-244-7968
Web: www.MauiCountyFCU.org

LOANLINER

AUTOMATIC TRANSFER AUTHORIZATION

Member/Owner: _____

Member Number: _____

Date of Request:

Processed by:

☐ New ☐ Update ☐ Cancel

I authorize the Credit Union to transfer funds from my account(s) with the following frequency:

☐ Monthly ☐ Semi-Monthly ☐ Bi-Weekly ☐ Weekly Day(s)/Date(s):

Total Amount to Transfer: $ **From Account No:**

Distribution:

Amount: $ To: ☐ Savings/Share ☐ Checking/Draft ☐ Loan Acct. No./Suffix:

Amount: $ To: ☐ Savings/Share ☐ Checking/Draft ☐ Loan Acct. No./Suffix:

Amount: $ To: ☐ Savings/Share ☐ Checking/Draft ☐ 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.

X _____ X _____

Signature Date Signature Date

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