

CREDIT entries to my/our acc					
and to CREDIT the same to su					
transactions to my/our accou					
instructions:	•	•			8
(Financial Institution Name)					
(Routing Number)	(Account Nu	ımber)	_		
Type of accountChecki	ngSaving	gsLoan			
Amount \$ S	Start Date				
Frequency:One time only	Monthly	Weekly]	Bi-weekly	_ Semi-mont	hly
This authority is to remain in a written notification from me (afford 705 Federal Credit Union it. If you wish to cancel this to be stopped.	or either of us) on and your Fin	of its termination ancial Institution	n in such time n a reasonable	and manner e opportunity	as to to act
Please DEBIT the following a other financial institution:	705 Federal Cre	edit Union acco	unt in order i	o send credi	t to my
Account Number	Type	Checking	Savings	Loan #	VISA
Signature:					
Print Individual Name					
Date Signed:				-	
I wou	uld like to canc	el the above A(CH Originati	on as of	
Signature				011 u s 01	·
********	*****	******	******	******	******
Credit Union Use Only					
Employee receiving request		Date:	Ti	Time:	