109 N. Temple Dr ~ Diboll, TX 75941 ~ 936-829-1616 Account Owner_ Date of Request_____ Account #_ □ New ☐ Update ☐ Cancel I authorize the Credit Union to transfer funds from my account(s) as follows: ☐ Monthly ☐ Semi-Monthly ☐ Bi-Weekly ☐ Weekly Frequency: To: Savings/Share ☐ Checking/Draft Loan Acct #_____ Amount: \$_ ☐ Checking/Draft To: Savings/Share Loan Acct # Amount: \$ To: Savings/Share ☐ Checking/Draft Loan Acct #____ Amount: \$_ To: Savings/Share ☐ Checking/Draft Loan Acct #_ Amount: \$_ 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.

Signature

Date

Temple Inland Federal Credit Union

Signature

Automatic Transfer Authorization

Date