

Sharefax Credit Union, Inc.
Auto-Transfer
Member Transfer Authorization Form
 Revised 07/19/05

Instructions:

This form authorizes you to make automatic transfers from your share accounts to up to five additional Sharefax Credit Union accounts through our *Auto-Transfer* program. Transfers are done on a daily basis. Please specify the particular **day** of the month that you'd like Sharefax to make the transfer **or** you may choose weekly (Friday's) or monthly (1st) transfers. We do not recommend using a date later than the 28th of the month. To add or delete a transfer, you must complete a new Member Transfer Authorization Form.

Please Print

Your Name: _____

Your Account Number: _____

Your Social Security Number: _____

| Trans from: | | Transfer Cycle Date/Weekly/Monthly | Transfer to: | Trans to: | | Trans \$ Amt |
|-------------|----------|---------------------------------------|--------------|-----------|----------|-----------------|
| Acct # | Suffix # | | Members Name | Acct # | Suffix # | |
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Note: Suffix numbers are descriptors for account types. Examples of the most popular account types are as follows:

- | | | |
|-----------------------|------------------------|---------------------|
| S1 = Regular Savings | S5 = Preferred Savings | S7 = Vacation Club |
| S8 = Checking | S9 = Christmas Club | S15 = Champion Club |
| S90 = Traditional IRA | S95 = Roth IRA | S99 = Education IRA |

I/We authorize, Sharefax Credit Union Inc. to make the transfers listed above through the Auto-Transfer program. I/We understand that I/we can only transfer money into accounts listed above. I/We cannot receive money from these accounts. I/We acknowledge receipt of the disclosure statement informing us of our rights under the Electronic Funds Transfer Act.

Owner _____ Date _____