

**Auto Debit
Request Form**



Set up a new auto debit or modify an existing auto debit

From account number: _____ Amount of transfer: \$ _____

To account number: _____

Select the day of the week OR date(s) for the transfer to take place. **Transfers cannot take place on Saturday or Sunday.**

Day of the week: _____ **OR** Day of the month #1: _____

Date of first transfer: _____ Day of the month #2: _____

Member Signature

Date requested: _____
Must be at least 48 hours prior to first transfer.

Request completed by: _____ Service center: _____
Date completed: _____