



Automatic Funds Transfer Form

Automated Periodic Transfers

I authorize Allied Federal Credit Union to transfer funds from my Debited Account to my Credited Account as indicated below.

Amount to be transferred: _____

Effective Date: _____

Termination Date: _____

Frequency: _____

From AFCU Debited Account

Account Type: ___Checking ___Savings

Name on Account: _____

Account Number: _____

To be Credited AFCU Account

Account Type: ___Checking ___Savings _____ Loan

Name on Account: _____

Account Number: _____

By signing below, I agree to all the terms and conditions of this authorization.

Signature

Date