

AUTOMATIC TRANSFER AGREEMENT



**Lisbon Community
Federal Credit Union**

Building Futures. Preserving Dreams.

LAST NAME

I, _____, authorize the **Lisbon Community Federal Credit Union** to perform the following transactions on my account(s):

	EFFECTIVE
TRANSFER FROM:	
SHARE # _____	AMOUNT: _____ WHEN: _____
SHARE DRAFT # _____	AMOUNT: _____ WHEN: _____
TRANSFER TO:	
SHARE # _____	AMOUNT: _____ WHEN: _____
SHARE # _____	AMOUNT: _____ WHEN: _____
SHARE DRAFT # _____	AMOUNT: _____ WHEN: _____
LOAN # _____	AMOUNT: _____ WHEN: _____
LOAN # _____	AMOUNT: _____ WHEN: _____
HOLIDAY # _____	AMOUNT: _____ WHEN: _____
VACATION # _____	AMOUNT: _____ WHEN: _____
ALL PURPOSE # _____	AMOUNT: _____ WHEN: _____
MONEY MARKET # _____	AMOUNT: _____ WHEN: _____
OTHER _____	AMOUNT: _____ WHEN: _____
*MORTGAGE WITH ESCROW _____	AMOUNT: _____ WHEN: _____
<p>*I understand that if my escrows are adjusted, either by a reduction or an increase, my deduction amount will automatically change. The new payment amount will be reflected on my next billing statement.</p>	
MEMBER SIGNATURE: _____	DATE _____

This agreement will remain in effect until REVOKED by me.

MEMBER CONTACT: _____
(SIGNATURE OR PHONE CONTACT) DATE

**PLEASE MAIL THIS FORM TO: PO BOX 878, LISBON, ME, 04250
OR FAX THIS FORM TO: 207-353-7615**

Credit Union Use Only				
PLEASE CHECK APPROPRIATE BOX	DAY OR PAYROLL NAME	SET UP BY	COMPLIANCED BY	DATE
PAYROLL BY DATE/DAY	<input type="checkbox"/>			
ACH DIRECT DEPOSIT	<input type="checkbox"/>			