

AUTOMATIC TRANSFER AGREEMENT



Lisbon Community
Federal Credit Union

I _____, Last Name _____, authorize the Lisbon Community FCU 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 # _____ 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 _____

*****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.***

Member's Signature _____ Date _____

This agreement will remain in effect until REVOKED by me.

Member's Contact _____ Date _____
(Signature or phone contact)

Please Mail this form to: PO Box 878, Lisbon, ME 04250
Or fax this form to: 207-353-7615

Internal 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"/>			