

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"/>			