



AUTHORIZATION FOR AUTOMATIC PAYMENTS/ TRANSFERS

I (we) hereby authorize AURORA SCHOOLS FEDERAL CREDIT UNION to initiate a withdrawal (debit) from the account below.

Account Number: _____ Suffix: _____

Amount: \$ _____

☐ Monthly

Starting on: _____

☐ Twice a month

ACCOUNT/ LOAN THAT THE FUNDS ARE TO BE CREDITED:

Account Number: _____ Suffix: _____

This authorization is to remain in full force and effect until Aurora Schools Federal Credit Union has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Aurora Schools Federal Credit Union a reasonable opportunity to act on the termination request.

Primary Name: _____
(please print)

Joint Name: _____
(please print)

Signature(s): _____

Today's Date: _____

Loan Due Date: _____

Loan Description: _____

For Office Use Only

Payment/ transfer change done by: _____ Date Completed: _____