LAPFCU

AUTHORIZATION FOR PERIODIC TRANSFER(S)

Member Name: _____ Account #:_____

Allocation of transfer(s) to the following account(s):

☐ Monthly or ☐ Bi-weekly Start date: _____

Account # -Type to credit:	Name of account holder:	Amount to credit:
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
TOTAL DISTRIBUTED AMOUNT(S):		$

Member Signature:_____Date of Request:_____

I/We hereby authorize LAPFCU to make the above transfer request(s). I/We hereby understand that if funds are not available in my account that this transfer(s) will not be made.

Credit Union Use Only:

Start/Effective Date: _____ Associate Initials & OP#:_____ Date processed:_____

(07/11)