Enfield Community Federal Credit Union

ACCOUNT TRANSFER OF FUNDS AGREEMENT

VISA - Easy Pay has a separate form

Name _____

I authorize the following automatic account transfer(s):

From Account # _____ Suffix: _____ Amount: _____

Suffix: _____ Amount: _____

To Account # _____ Suffix: _____ Amount: _____
Suffix: _____ Amount: _____
Suffix: _____ Amount: _____

Transfer to occur: _____Monthly _____Weekly
_____Semi-Monthly _____Bi-Weekly

Date for transfer to begin:_____

_____ _____
Signature Date

The Credit Union is not responsible for funds not available for transfer.
The Credit Union is not responsible to notify you if funds are not available for transfer.
Account transfers will continue until written notification to discontinue is received by the Credit Union.