

Enfield Community Federal Credit Union

STOP PAYMENT FOR INTERNAL AUTO TRANSFER

ACCOUNT TRANSFER OF FUNDS AGREEMENT

I authorize the following automatic account transfer(s) to be stopped:

Name _____

From Account: _____ Suffix: _____ Amount\$ _____

Suffix: _____ Amount\$ _____

Suffix: _____ Amount\$ _____

To Account # _____ Suffix: _____ Amount\$ _____

Suffix: _____ Amount\$ _____

Suffix: _____ Amount\$ _____

Stop date: _____

Signature

Date

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.