AURORA SCHOOLS
Federal Credit Union

Educating Members for Financial Success

AUTHORIZATION FOR AUTOMATIC PAYMENTS/ TRANSFERS

I (we) herby 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: _____   Joint Name: _____
              (please print)   (please print)

Signature(s): _____   _____

Today's Date: _____

Loan Due Date: _____   Loan Description: _____

For Office Use Only
Payment/ transfer change done by: _____ Date Completed: _____