Transfer Authorization Form							
(All amount change requests to direct deposit must go through your employer's payroll department.)							
Date							
Select One:	New Request		Re	Request to Modify Existing Trai			Cancel Transfer
Member Name							
Member Account to Transfer From:							
I authorize Sun Federal Credit Union to transfer funds from my account as directed below:							
Date to Start Transfer							
Frequency:	ncy: Mon		Semi-M	onthly	Bi-Weekly		Weekly
Amount (\$)	Ac	Account (to transfer to)		Suffix	Share		Loan
I understand it is my responsibility to maintain a balance in my account to enable the transfer(s) to be made. The							
transfer(s) will continue until I notify Sun Federal Credit Union in writing to cancel or update the transfer or if Sun							
Federal Credit Union notifies me the transfer will be discontinued. Deductions will stop automatically when the loan(s)							
is paid off. The funds will then remain in the net account my payroll deposits into.							
Signature							
Name (print)							
Address							
City			State		Zip		

Give this form to your branch manager or loan officer.