

Seaport Federal Credit Union

1-800-526-6991

Fax: 908-558-6482

PREAUTHORIZED TRANSFER AGREEMENT

Name: _____ Best Contact Number _____	
Address: _____	
City: _____	State: _____ Zip: _____
New Transfer _____	Revised Transfer _____ Stop Transfer _____
Account# _____	Frequency: Monthly _____
Start Date _____	Semi-Monthly _____
Amount \$ _____	Bi-Weekly _____
Loan Number# _____	Weekly _____
Share Type _____	

Authorization	
I (we) hereby authorize Seaport Federal Credit Union to withdraw/deposit funds from/to my Checking/Savings account as indicated below and authorize the financial institution named below to debit/credit such account for the amount of the transfer. Please attach a VOIDED CHECK.	
Financial Institution _____	
Institution Address _____	
Account number _____	
Name on Account _____	
Please Circle One:	Checking Savings

Credit Union Policy Information

Effective date of transfer

Transfers will occur on the Start Date listed above, and then according to the frequency thereafter.

Start-Up Fee

A one-time origination fee of \$25.00 will be charged to your account for any new transfers.

Revocation of this Authority

The authority to transfer funds from your account will not cease until Seaport FCU receives a written notice from you revoking this authorization agreement. This notice must be received by Seaport FCU at least 30 days prior to the date of which you wish this agreement to end.

Returned Payment

If your automatic transfer is returned the credit union may assess a fee of \$30.00. Should this occur three times consecutively the credit union will discontinue the automatic transfer service.

I HEREBY AGREE TO THE TERMS AND CONDITIONS AS NOTED ABOVE

Account Owner Signature: _____ Date _____