

Pre-Authorized Transfer Agreement

Name: _____ Account Number: _____

Address: _____

City: _____ State: _____ Zip: _____

New Transfer: _____ Revised Transfer: _____ Stop Transfer: _____

Amount _____

Start Date _____

Loan Number _____

Share Type _____

Frequency:

Monthly _____

Semi-Monthly _____

Bi-Weekly _____

Weekly _____

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: _____ Routing 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: _____

Seaport
FEDERAL CREDIT UNION