## CICSA Co-operative AUTOMATIC TRANSFER Credit Union Ltd. AUTHORIZATION FORM

DATE D D / M M / Y Y Y Y

MEMBER NAME				MEMBE	MEMBER NO.		
NEW AUTOMATIC TRANSFER CHANGE OF AUTOMATIC TRANSFER							
CHANGE AMOUNT FROM: \$			то: \$				
Debit Account (From)		_		_		_	
	2	SUB	AM				
Credit Account (To)							
MEMBER NO.	SAVING	SHARE	LOAN	SUB	AMOUNT \$		
MEMBER NO.	SAVING	SHARE	LOAN	SUB	AMOUNT \$		
MEMBER NO.	SAVING	SHARE	LOAN	SUB	AMOUNT \$		
MEMBER NO.	SAVING	SHARE	LOAN	SUB	AMOUNT \$		
MEMBER NO.	SAVING	SHARE	LOAN	SUB	AMOUNT \$		
START DATE D / M / Y Y TRANSACTION DATE(S) &							
This instruction will remain in force until DD/MM/YYYYY or unless previously cancelled by me in writing.							
CANCELLATION OF AUTOMATIC TRANSFER							
END DATE D D / M M / Y Y Y							
SAVING SHARE OTHER SUB AMOUNT \$							
MEMBER NO. SAVING SHARE OTHER				SUB	AMOUNT \$		
APPROVAL							
SIGNATURE OF MEMBER OR SIGNATORY			SIGNATURE /JP/ NOTA	OF WITNESS RY PUBLIC			
AUTHORIZED BY							