Update

Cancellation

## TRANSFER FROM

|  | AMOUNT MEMBER NAME | MEMBER\# | DATE | ID | ACCOUNT DESCRIPTION |
| :--- | :--- | :--- | :--- | :--- | :--- |
| 1 | $\$$ |  |  |  |  |
| 2 | $\$$ |  |  |  |  |
| 3 | $\$$ |  |  |  |  |
| 4 | $\$$ |  |  |  |  |
| 5 | $\$$ |  |  |  |  |

## FREQUENCY



Semi-Monthly


Weekly
Bi-Weekly
Quarterly $\qquad$

## TRANSFER TO

| 1 | $\$$ |
| :--- | :--- |
| 2 | $\$$ |
| 3 | $\$$ |
| 4 | $\$$ |
| 5 | $\$$ |

I hereby authorize Credit Union of Southern California (CU SoCal) to perform the share transfer(s) above in accordance with my instructions. It is my responsibility to ensure that adequate funds exist in the account on the scheduled transfer dates.

I understand and agree that upon transfer of funds from account to any account(s) listed above, I shall relinquish any and all ownership rights in such funds (unless I am named account owner on the account receiving the transfer of funds). This authorization supersedes any previous transfer authorizations and shall remain in effect until a written request to update or cancel is submitted by me to CU SoCal.

Member Name $\qquad$ Member Signature_ X Date $\qquad$

## For Office Use Only

Date Processed

