Complete and Return to Your Local Branch or Mail To: First Service Federal Credit Union

100 Main Street Groveport, OH 43125

For Questions Please call (614) 836-0100

AUTHORIZATION FOR AUTOMATIC TRANSFER(S)

Turn this form into the Accounting Department OR a Sr. MSR to initiate automatic transfer(s).

I HEREBY AUTHORIZE AUTOMATIC TRANSFER(S) TO MY ACCOUNT(S) AS INDICATED BELOW. THIS AUTHORIZATION IS TO REMAIN IN EFFECT UNTIL WRITTEN NOTIFICATION FROM ME IN SUCH A TIMELY MANNER AS TO PRESENT A REASONABLE OPPORTUNITY FOR THEM TO ACT.

Funds to be transferred <u>from</u> :			
	Suffix:		
OR: Direct Deposit:		(nam	e as it appears on statement)
Deposits from deposito	or above will nov	v automatically post to Sha	are Suffix:
Company ID:		(accou	nting use only)
		be transferred FEDERAL CREDIT U	
Acct#	Suffix	□Loan □Share	Amt:\$
Acct#	Suffix	□Loan □Share	Amt:\$
Acct#	Suffix	□Loan □Share	Amt:\$
Acct#	Suffix	□Loan □Share	Amt:\$
	Start Date:		
requency: Monthly: Date	(#)		
Bi-monthly: Dates	an	d (#'s)	
Bi-weekly: Every other			_ (Day of the week: Mon - Fri)
Weekly:		(Day of the week: I	Mon - Fri)
gnature: Date:			
Phone#:	I	Request Received By:	Date:
	i i i	Request Completed By:	Date: