

AUTOMATIC TRANSFER TO EXTERNAL ACCOUNT/LOAN☐ New agreement ☐ Cancel agreement ☐ Update existing agreement*

*I understand an updated agreement will supersede all information on an existing agreement

Name of Financial Institution funds will be transferred TO:	
ABA/Routing Number:	
Account Number:	
Type of account:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan

USALLIANCE Account InformationWithdraw from **USALLIANCE** account number: _____

Amount to transfer: \$ _____

How often: ☐ weekly ☐ biweekly ☐ monthly ☐ semi-monthly**For *semi-monthly*, the transaction dates can be as follows:☐ 1st and 15th ☐ 15th and end of month ☐ 16th and end of month

Starting date: _____

ELECTRONIC FUNDS TRANSFER (EFT) AGREEMENT

On the above application, you have authorized **USALLIANCE** Financial (Credit Union) to initiate entries to your account at another Financial Institution and you have requested the Financial Institution to accept any entries initiated by the Credit Union on such account and to post the same to such account without responsibility for corrections thereof or for the existence of any further authorization relating to them.

This authority will remain in full force and effect until the Credit Union has received written notice of its termination in such time or manner as to afford reasonable time to act upon it.

It is understood that all entries initiated by the Credit Union pursuant to this agreement shall be subject to the terms and conditions of the Electronic Funds Transfer Disclosure.

Printed Name_____
Signature_____
Date

FOR CREDIT UNION USE	Processed by:	Date:
-----------------------------	---------------	-------