

**AUTOMATIC TRANSFERS INTO MY CREDIT UNION ACCOUNT/LOAN**
 New agreement     Cancel agreement     Update existing agreement\*

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

 WITHDRAW funds **FROM** either: **A** or **B**

<b>A</b>	<b>USALLIANCE Financial</b>	Deposit account number:
<b>B</b>	External Financial Institution (EFI)	(EFI) Name:
		(EFI) Routing Number:
		(EFI) Account Number : <span style="float: right;"><input type="checkbox"/> Checking    <input type="checkbox"/> Savings</span>

 DEPOSIT funds **TO** either: **A** or **B**

<b>A</b>	<b>My USALLIANCE Financial</b>	Loan account number:
		If depositing to a loan, I understand the transfer will occur on the loan's due date. Select an option for the amount: <input type="checkbox"/> Minimum monthly payment <input type="checkbox"/> Minimum monthly payment plus an ADDITIONAL \$ _____
<b>B</b>	My USALLIANCE Financial	Deposit account number:
		For transactions to deposit accounts, I request the following: \$ _____ to be transferred <input type="checkbox"/> weekly <input type="checkbox"/> biweekly <input type="checkbox"/> monthly    or <input type="checkbox"/> semi-monthly beginning on ____/____/____. For semi-monthly transactions, the transaction dates can be as follows: <input type="checkbox"/> 1st and 15th <input type="checkbox"/> 15th and end of month <input type="checkbox"/> 16th and end of month

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK**

If applicable, I will be charged a fee according to the Credit Union's published schedule for this service. I understand that if sufficient funds are not available on the scheduled date I may be charged a fee by both the Credit Union and the other Financial Institution, and that my loan, if any, may become delinquent.

**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.

<b>FOR CREDIT UNION USE</b>	Processed by: _____	Date: _____
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