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www.fafcu.org

	Author			aying requests	yment Transf	ers
Date	Member Name				Member #	
	NEW	CA	NCEL	CHANGE		
MONTH TO BEGIN PAYMENTS (SET DATE)	DUE DATE OF PAYMENTS	WEEKLY BIWEEKLY MONTHLY	TRANSF ACCT. N	FER FROM NO.	AMOUNT OF PAYMENT (SET AMOUNT)	TRANSFER TO ACCOUNT No.
AUTHORIZATION #	(CU use only)					
*****	(CU use only) *****************	***********	********	******	*****	****
	NEW	CA	NCEL	CHANGE		
MONTH TO BEGIN PAYMENTS (SET DATE)	DUE DATE OF PAYMENTS	WEEKLY BIWEEKLY MONTHLY	TRANSF ACCT. N	FER FROM NO.	AMOUNT OF PAYMENT (SET AMOUNT)	TRANSFER TO ACCOUNT No.
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	(CU use only)					
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AUTHORIZATION #	(CU use only)					
Member Signat		 Dat			t Union Processo	

Funds must be in your account on the transfer date. Over drafting is not available. We will attempt to transfer funds for a maximum of 15 days.