

## Automated Transfer Request

Select if this is a new/initial authorization or a change in an existing authorization.  New/Initial Authorization		
I hereby authorize Saratoga's Community Federal Credit Union to deduct from my account the amount(s) set forth in this Authorization and to apply these funds at the Credit Union to my loan(s) listed below following receipt of this Authorization and until further notice from me. I understand that this Authorization is revocable.		
Frequency:		
From Account Type	To Account Type	Amount
By signing below, I authorize Saratoga's Community Federal Credit Union to apply these automated transfers.		
Member Name	Member Number	
Signature		Date
CREDIT UNION USE ONLY		
Verified by:	Initials:	Date:

