



Electronic Transfer Authorization Form
(MCW/MARS Transfer Records)

Member Name: _____ Account #: _____
Processed By: _____ Effective Date: _____

_____ I authorize electronic transfer records be set up to transfer funds from my account to the below listed account number. This authorization will remain in effect until the credit union is notified in writing otherwise.

Account Number	Share ID	Loan ID
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ I cancel the electronic transfer record set up to transfer funds from my account to the below listed account number. This cancellation will remain in effect until the credit union is notified in writing otherwise.

Account Number	Share ID	Loan ID
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Member Signature

Date