

● Automatic Monthly Transfer Request

PLEASE MAKE THE FOLLOWING TRANSFER OF FUNDS BETWEEN MY/OUR NORTHSTAR CREDIT UNION ACCOUNTS:

Amount to be Transferred: \$ _____
Amount

Frequency: Monthly

Effective Date: _____

● **TRANSFER FROM:** Account No: _____

Type: Savings Checking Other: _____

● **TRANSFER TO:** Account No: _____

Type: Savings Checking
 Loan Payment NorthStar Credit Union VISA
 Other: _____

This authorization will remain in effect until terminated by any one of us. You may terminate this authorization by giving us 15 days written notice.

Signature: _____
Primary Account Holder Signature

Name: _____

Signature: _____
Secondary Account Holder Signature

Name: _____

Account Address: _____
(Physical Address Only – No P.O. Boxes)

Phone Number _____

City: _____ State: _____ Zip: _____