

**FIRST FINANCIAL CREDIT UNION
AUTOMATIC FUNDS TRANSFER FORM**

First Name _____ Last Name _____

Home Phone _____ Work Phone _____

Member Number _____

NEW AFT FORM DELETE CURRENT AFT

Transfer from sub-account _____ Transfer to sub-account _____

Amount _____ Starting Date _____

Frequency *Monthly Weekly Bi-Weekly Other*
(Please circle one)

If Other, please specify _____

NEW AFT FORM DELETE CURRENT AFT

Transfer from sub-account _____ Transfer to sub-account _____

Amount _____ Starting Date _____

Frequency *Monthly Weekly Bi-Weekly Other*
(Please circle one)

If Other, please specify _____

NEW AFT FORM DELETE CURRENT AFT

Transfer from sub-account _____ Transfer to sub-account _____

Amount _____ Starting Date _____

Frequency *Monthly Weekly Bi-Weekly Other*
(Please circle one)

If Other, please specify _____

I understand that any new Automatic Funds Transfer (AFT) agreement will remain in effect until I submit a cancellation in writing to the credit union.

X _____
Signature Date



5550 W Touhy Ave, Ste 102
Skokie, Illinois 60077