

**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