



1. Member Information

Member Name		Account Number
Street Address (Include unit number. No P.O. Boxes please.)		
City	State	Zip Code
Home Phone	Work Phone	eMail

2. Transfer Designation

Yes! I want to build my savings systematically.

I would like to transfer funds from the following account/s:

Amount \$	From Account No.	Suffix	To Account No.	Suffix	Type of Account (✓ one) <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> IRA	Date of monthly transfer
Amount \$	From Account No.	Suffix	To Account No.	Suffix	Type of Account (✓ one) <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> IRA	Date of monthly transfer
Amount \$	From Account No.	Suffix	To Account No.	Suffix	Type of Account (✓ one) <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> IRA	Date of monthly transfer

3. Authorization

I hereby authorize the savings transfers mentioned above to be made on the indicated days of the month. I understand that savings transfers will continue until revoked in writing by me or Christian Community Credit Union. I also understand that if sufficient funds are not in the account for three times, the transfers will be automatically revoked. I accept responsibility for having funds in my account to cover transfers.

Signature X	Date
----------------	------

Christian Community Credit Union is not federally insured, and if the Credit Union fails, the federal government does not guarantee that depositors will get back their money. Accounts with the Credit Union are not insured by any state government.

For Credit Union Use Only