



Climb Credit Union
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 Arvada, CO 80003
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 climbcu.org

**AUTOMATIC TRANSFER AUTHORIZATION
 (TO TRANSFER FUNDS BETWEEN
 CREDIT UNION ACCOUNTS)**

ACCOUNT NUMBER:

NAME:	ADDRESS:
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This is: A **New** Authorization An **Update** to an Existing Authorization A **Cancellation** of an existing Authorization

I authorize the Credit Union to transfer funds from my account(s) as follows:

From Account/Suffix:	To Account/Suffix:	Amount:	Frequency:	Start Date:
		\$	Weekly Bi-weekly	Monthly Semi-Monthly
		\$	Weekly Bi-weekly	Monthly Semi-Monthly
		\$	Weekly Bi-weekly	Monthly Semi-Monthly
		\$	Weekly Bi-weekly	Monthly Semi-Monthly

I agree to maintain a balance in my account sufficient to enable the transfer(s) indicated on the dates indicated. If there are insufficient funds in the account on the transfer date, I understand that the Credit Union may still transfer the funds even if it results in an overdraft; or may refuse to make the transfer; or may make a partial transfer in any order determined by the Credit Union; or may attempt to make the transfer on the following business day(s). The Credit Union is not liable in anyway for transfers made when insufficient funds are in the account. If insufficient funds causes an NSF fee, late fee, or other fee to be incurred, I understand and agree that the fee(s) will also be withdrawn from the account. The transfers will continue until I instruct the Credit Union in writing to stop the transfers. The Credit Union must receive the written cancellation notice at least 3 days prior to the transfer date. I understand that I am at all times responsible for making any and all loan or credit card payments when due, even if I cancel the automatic transfer or if there are insufficient funds in the account at the time of the scheduled automatic transfer.

Cancellation. If this box is checked, I hereby instruct the Credit Union to cancel the transfer indicated above.

MEMBER'S SIGNATURE	DATE
X	