## AUTOMATIC TRANSFER

| NAME:  | MEMBER NO:  |                        |
|--|-------------|------------------------|
| I hereby authorize Western Sun Federal accounts to be applied as follows until further ne  |             | lowing amounts from my |
| FROM ACCT:   | START DATE: |                        |
| TO ACCOUNTS:   |             |                        |
| ACCT NO:   | _AMOUNT:    | TERM:                  |
| ACCT NO:   | _ AMOUNT:   | TERM:                  |
| ACCT NO:   | _ AMOUNT:   | TERM:                  |
| ACCT NO:   | _ AMOUNT:   | TERM:                  |
|  |             |                        |
| MEMBER SIGNATURE   | DATE        |                        |
| Note: It is the member's responsibility to leave the full amounts listed above in the appropriate accounts for transfer on the designated day(s) each month. |             |                        |

## TERM OPTIONS:

BI-WEEKLY

QUARTERLY

- ALLOTMENT TYPES:
- □ SCHEDULED Member designated amount.
- LOAN PAYMENT
- □ SCHEDULED INTEREST Based on a specific time frequency.

□ Check

- Deposit
- □ INTEREST Transfers when interest is paid.
- □ Deposit □ Check
- SEMI-ANNUALLYSEMI-MONTHLY
- □ WEEKLY

DAILYMONTHLY