Next	P.O. Box 1300 Fairfax, VA 22038 703-218-9900 NextMarkCU.org			AUT	OMATI AUTHO	IC TRAN RIZATIO	SFER N	
Member/Owner:				1	Member Nu	mber		
New	Update	Cancel						
Date of Request:								
Processed by:								
I authorize the Credit Union to transfer funds from my account(s) with the following frequency:								
Monthly	Semi-Month	y 🗌 Bi-Weekly	, 🗆 M	Veekly	Day(s)/Da	ate(s):		
Total Amount to Trans	sfer \$		From Ac	count No.				
Distribution: Amount: \$	To: 🗌 Savings/Shar	e 🗌 Checking/Draft	🗌 Loan	Share C	ertificate A	Acct. No.:		
Amount: \$	To: 🗌 Savings/Shar	re 🗌 Checking/Draft	🗌 Loan	Share C	ertificate A	Acct. No.:		
Amount: \$	To: 🗌 Savings/Shar	re 🗌 Checking/Draft	🗌 Loan	Share Ce	ertificate A	Acct. No.:		

I understand it is my responsibility to maintain a balance in my account to enable the transfer to be made on the specified date. If there are not sufficient funds in the account on the transfer date, available funds will be used to make a partial transfer in any order determined by the Credit Union. The transfers will continue until I notify the Credit Union in writing to cancel or update the transfer or if the Credit Union notifies me the transfer will be discontinued. The Credit Union must receive the written request for cancellation seven (7) business days prior to the transfer.

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Signature	Date	Signature	Date