



Periodic Payment Authorization

Member Name: _____

Date: _____

Member Number: _____

Phone: _____

I hereby authorize the Schools Federal Credit Union to make transfer(s).

| From: Share # | To: Share/Loan # | Amount | Start Date | Circle One |
|---------------|------------------|--------|------------|--|
| 1. | | | | Weekly, Bi-Weekly, Monthly, Semi Monthly, Quarterly, Semi Annual, Annual |
| 2. | | | | Weekly, Bi-Weekly, Monthly, Semi Monthly, Quarterly, Semi Annual, Annual |
| 3. | | | | Weekly, Bi-Weekly, Monthly, Semi Monthly, Quarterly, Semi Annual, Annual |
| 4. | | | | Weekly, Bi-Weekly, Monthly, Semi Monthly, Quarterly, Semi Annual, Annual |
| 5. | | | | Weekly, Bi-Weekly, Monthly, Semi Monthly, Quarterly, Semi Annual, Annual |

Members Signature/Authorization: _____