

Auto Transfer Update

Return to member center employee or fax to 248.785.5107

Member Name	<input type="text"/>	CCCU Account #	<input type="text"/>
Member Phone #	<input type="text"/>	Current Transfer Date	<input type="text"/>

Please update my auto transfer with Community Choice Credit Union with the following information.
Check the box for the information you would like to update.

<input type="checkbox"/> Change my loan ID	From	<input type="text"/>	To	<input type="text"/>
<input type="checkbox"/> Delete my auto transfer as of	Date	<input type="text"/>		
<input type="checkbox"/> Suspend my auto transfer for one month	Month	<input type="text"/>		
<input type="checkbox"/> Update amount	Enter previous amount	<input type="text"/>	Enter new amount	<input type="text"/>

<input type="checkbox"/> Update Frequency	To begin on*:	<input type="text"/>	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly
			<input type="checkbox"/> Monthly	<input type="checkbox"/> Semi-Monthly

*Must be at least 5 business days after date of request

Update Debit account information with the following:

Name of Financial Institution	<input type="text"/>	Account #	<input type="text"/>
Name of Account Holder	<input type="text"/>	Routing and Transit #	<input type="text"/>

Select Account Type Savings Checking

Member Signature Date

Non-Member Signature (if applicable) Date
MUST BE NOTARIZED

For Credit Union Use Only:

Completed on OFAC Checked by:

Processed by