VSECU

AUTOMATIC TRANSFER AGREEMENT TO/FROM DEPOSIT ACCOUNTS

_____ _____
Name Member #

Social Security #:_____

I wish to have money transferred directly from my VSECU account. The information is as follows:

_____ _____
Transfer from account number Account number to transfer to

_____ _____ _____
Amount Start date Frequency

I understand that the above mentioned transfers will continue until the Vermont State Employees Credit Union receives written notification to stop them. Additionally, I understand that it is my responsibility to ensure that sufficient funds are in the account when the transfer is scheduled to take place. In the event that sufficient funds are not in the account on the scheduled transfer date, the transfer will not be made until funds are available in full.

_____
Signature: Date

_____
Signature: Date