



102 Motor Parkway • Hauppauge, NY 11788  
Tel: 631-698-7000 • www.teachersfcu.org  
Mail: P.O. Box 9005, Smithtown, NY 11787

### Automatic Transfer Authorization

PRIMARY MEMBER NAME: \_\_\_\_\_

JOINT MEMBER NAME: \_\_\_\_\_

ACCOUNT NUMBER TO DEBIT: \_\_\_\_\_

RECEIVING ACCOUNT NUMBER: \_\_\_\_\_

AMOUNT: \_\_\_\_\_

COMMENCEMENT DATE: \_\_\_\_\_

FREQUENCY:

- Monthly
- Weekly
- Bi Weekly
- Yearly

AUTHORIZATION NUMBER  
(for office use only): \_\_\_\_\_

PLEASE DEDUCT THE ABOVE AMOUNT UNTIL FURTHER NOTICE.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

**(For Office Use Only)**

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Receiving Branch

**Please return to:**  
Teachers Federal Credit Union  
PO Box 9005  
Smithtown, NY 11787-9005  
Attention: Member Services Department  
FAX: 631 648-2045  
E-mail: webmail@teachersfcu.org.