TEACHERS federal credit union
Smart For All

teachersfcu.org
102 Motor Parkway | Hauppauge, NY 11788

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.