



PRE-AUTHORIZED PAYMENT AGREEMENT

TRANSFER FROM ANOTHER FINANCIAL INSTITUTION

MEMBER Please print in ink or type.

FULL NAME	DATE		
FINANCIAL INSTITUTION	CITY	STATE	ZIP
TRANSIT/ABA NUMBER	ACCOUNT NUMBER		
TYPE OF ACCOUNT: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS			

REQUEST

TRANSFER THE FOLLOWING:

AZURA ACCT. NO.	SUFFIX NO.	LOAN TRANSFER AMOUNT	SHARE AMOUNT	NEW OR EXISTING	CANCEL
# _____ - _____		_____	_____	_____	<input type="checkbox"/>
# _____ - _____		_____	_____	_____	<input type="checkbox"/>
# _____ - _____		_____	_____	_____	<input type="checkbox"/>
# _____ - _____		_____	_____	_____	<input type="checkbox"/>

Azura requires a minimum of \$100 to originate a Share Deposit from another financial institution.

TOTAL AMOUNT OF PAYMENT \$ 0.00
EFFECTIVE DATE OF DEBIT
DEBIT DATE (EXAMPLE: 6TH, 15TH & 30TH; FRIDAY BI-WEEKLY)

SIGNATURE

I (we) authorize Azura Credit Union to initiate debit entries from my (our) account indicated above and the Financial Institution named above, to debit same to such account. I (we) acknowledge the origination of ACH transactions from my (our) account must comply with the provision of U.S. law. This authorization shall remain in full force and effect until Azura Credit Union has received notification from me (or either of us) of its termination that is received at least three (3) business days prior to proposed effective date of the termination of authorization.

X _____
MEMBER'S SIGNATURE

DATE

PLEASE ATTACH A COPY OF VOIDED CHECK OR DEPOSIT SLIP TO THIS FORM.

FOR CREDIT UNION USE ONLY
DATE _____
EMP _____

