



130 23rd Ave SW  
Rochester, MN 55902  
Tel (507) 535-1460  
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### Authorization for Automatic Transfer

Complete this form for recurring transfers from your account at another financial institution to your member accounts at MEFCU. Return to any branch office or fax to the number provided.

Please allow 10 days for transfer to be in effect

- New automatic transfer
- Cancel existing transfer
- Change transfer date
- Decrease existing transfer
- Increase existing transfer

**Transfer From:**     Checking – **Attach VOIDED Check**         Savings – **Attach Deposit Slip**

Institution Name \_\_\_\_\_

Institution Address \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Account Name \_\_\_\_\_

**Transfer To:**

Institution Name **Mayo Employees Federal Credit Union** \_\_\_\_\_

Routing Number **291975478** \_\_\_\_\_

Account Number \_\_\_\_\_

Account Name \_\_\_\_\_

Original Transfer amount: \_\_\_\_\_ Change transfer amount to: \_\_\_\_\_

Date of first transfer: \_\_\_\_\_ Date of last transfer (if specified): \_\_\_\_\_

Biweekly     Monthly     Semi-Monthly (15<sup>th</sup> and End of Month)

Change transfer date from \_\_\_\_\_ to \_\_\_\_\_

Other \_\_\_\_\_

**Authorization:** I (We) authorize the Institution to transfer funds as described. I (We) agree to maintain sufficient balances to cover such transfers. I (We) agree that the rights of the Institution with respect to each transfer shall be the same as if it were a withdrawal personally signed by me (us). I (We) acknowledge that my automatic payments are governed by the rules of the Automated Clearing House Association. I have received a copy of this authorization.

Date: \_\_\_\_\_ Signature \_\_\_\_\_ Signature \_\_\_\_\_

**Cancellation Authorization:** I (We) authorize the Institution to cancel the described automatic transfer.

Date: \_\_\_\_\_ Signature \_\_\_\_\_ Signature \_\_\_\_\_

<b>For Credit Union use only</b>	
Entered _____	Verified _____