



Member Acct. # _____

Member Name: _____

Member Phone Number: _____

New Change Cancel

AUTHORIZATION AGREEMENT FOR ACCOUNT TRANSFER

ACCOUNT TRANSFER FROM AN LBS FINANCIAL ACCOUNT

I authorize LBS Financial Credit Union to process account transfer(s) each month in the amount of \$_____ from my Share Savings or Share Draft/Checking Account #: _____ Suffix _____ and transfer to the Share Certificate IRA Share Savings or Share Draft/Checking Account #: _____ Suffix _____ on the _____ day of each month beginning _____ and continuing until further notice.

Member Signature: _____ Date: _____

Received by Credit Union:

FOR OFFICE USE ONLY

Transfer from Shares: S01 S02 S05 S10 S15 S20 S25

Transfer from Share Draft: D01 D02 D05 D10 D15 D20 D25

Share to Share transfer only (Processed on the last business working day of the month): LBSLD

Date: _____ By: _____

Credit Union Employee Printed Name Required

Time: _____ Date Mailed: _____

For Salary Plan and Electronic Accounts Department Use Only:

Date Flag Set: _____ LBS Financial Employee Name: _____

