



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	DEBIT DATE	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
EFFECTIVE DEBIT DATE

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.

X _____
MEMBER'S SIGNATURE

DATE

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 _____

