



CORPORATE OFFICES
 P.O. Box 6104
 Santa Rosa, CA 95406-0104
 (707) 545-4000, (800) 479-7928

MEMBER NAME	DATE

AUTOMATIC TRANSFER AUTHORIZATION

From Member Number _____ Share ID _____ to be transferred:

Monthly Semi-Monthly* Bi-Weekly Weekly

beginning _____ ** and continuing until further written notice from me.

*For semi-monthly transfers please indicate transfer dates: _____ & _____

THESE FUNDS ARE TO BE DISTRIBUTED AS FOLLOWS (this change overrides previous distributions for the date selected):

SHARE TO SHARE TRANSFER:

TO MEMBER NUMBER _____ SHARE I.D. _____ AMOUNT \$ _____

TO MEMBER NUMBER _____ SHARE I.D. _____ AMOUNT \$ _____

ALL IRA TRANSFERS WILL BE REPORTED AS CONTRIBUTIONS FOR THE CALENDAR YEAR IN WHICH THEY ARE MADE.

LOAN TRANSFER:

TO MEMBER NUMBER _____ LOAN I.D. _____ AMOUNT \$ _____

TO MEMBER NUMBER _____ LOAN I.D. _____ AMOUNT \$ _____

I/We understand that automatic transfers are offered as a courtesy at no cost. The primary responsibility remains with the Member to see that all payments are made according to the loan agreement. I understand that this authorization could be terminated by Redwood Credit Union if on the date that the transfer is to take place there are not sufficient funds in the account I have specified as the "transfer from" account. Transfer will occur for partial amount if full amount is not available.

** Please allow five business days before first transfer is effective.

FOR OFFICE USE ONLY	
DATE OF CHANGE	USER I.D.

Daytime Phone # _____

_____ MEMBER SIGNATURE