



Automated Transfer Request

Select if this is a new/initial authorization or a change in an existing authorization.

☐ New/Initial Authorization ☐ Change in Authorization

I hereby authorize Saratoga's Community Federal Credit Union to deduct from my account the amount(s) set forth in this Authorization and to apply these funds at the Credit Union to my loan(s) listed below following receipt of this Authorization and until further notice from me. I understand that this Authorization is revocable.

Frequency: ☐ Weekly ☐ Biweekly ☐ Semi-Monthly ☐ Monthly

From Account Type	To Account Type	Amount

By signing below, I authorize Saratoga's Community Federal Credit Union to apply these automated transfers.

Member Name

Member Number

Signature

Date

CREDIT UNION USE ONLY

Processed by: _____ Date: _____ Verified by: _____ Date: _____

189 Ballston Ave | Saratoga Springs, NY 12866 | 518.583.2323 | Fax: 518.583.9143 | www.saratogafcu.org



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