

LINN AREA CREDIT UNION EZ TRANSFER AUTHORIZATION

I, _____ authorize Linn Area Credit Union to take \$ _____
(please print name)
out of _____ on the _____ day of each month and
(checking account #)
deposit it into the following savings account(s):

SAVINGS ACCOUNT #	DOLLAR AMOUNT
_____	_____
_____	_____
_____	_____
_____	_____

This authority will be effective _____ and will remain in effect until I notify
(effective date)
Linn Area Credit Union in person or in writing to cancel the authorization. I understand
that if there are not sufficient funds in the above checking account by 8:00 am on the date
I have specified, the transfer will not be made at that time and I cannot hold Linn Area
Credit Union responsible.

(member's signature) (date)

Please print this form, fill it out and mail it to:

Linn Area Credit Union
Attn: Bobbie
3015 Blairs Ferry Road NE
Cedar Rapids, IA 52402

or fax it to: (319)294-2545