



SCHEDULED TRANSACTIONS FORM

I hereby authorize Community Focus Federal Credit Union to transfer \$ _____ (Total Amount)

from Account # _____ suffix# _____

Account # _____ Savings 100 \$ _____

Account # _____ Checking 300 \$ _____

Account # _____ Side Savings ____ \$ _____

Account # _____ Side Savings ____ \$ _____

Account # _____ Loan Suffix ____ \$ _____

I authorize the transfer(s) to occur:

Weekly (specific day) _____ Biweekly (specific day) _____ Monthly (specific date) _____

Member Signature: _____

Date: _____

For Office Use Only:

Completed By: _____ Date: _____ Verified By: _____

Cancelled:

Member Signature: _____

Date: _____