Automatic Transfer Authorization

I/we authorize Heartland Credit Union to make the following transfer of funds:

Amount to be transferred: $_____

Frequency: ○ Weekly ○ Monthly

Effective date: _____ / _____ / _____ Termination date: _____ / _____ / _____

From: Account type: ○ Savings

Account #: _____ ○ Checking

Account name: _____ ○ Money Market

To: Account type: ○ Savings ○ Money Market

Account #: _____ ○ Checking ○ College CD

Account name: _____ ○ Installment loan payment

These accounts remain subject to their individual terms and conditions, which are not modified by this authorization. If a transfer is made from a savings account, Heartland Credit Union retains the right to require no less than 7 days written notice of withdrawal.

If no termination date is specified above, this authorization will remain in effect until terminated by any one of us. You may terminate this authorization by giving us 15 days written notice at the address stated below.

_____ _____

Signature Date

_____ _____

Joint Signature Date

Mail signed form to:

Heartland Credit Union
P.O. Box 64608
St. Paul, MN 55164-0608

For Office Use

Set up auto transfer screen

Date _____ Initials _____