



ACCOUNT INFORMATION

Association Name
Management Company (if applicable)
Requester (Name & Number)

ONE TIME TRANSFER \$5.00 fee or free if completed online

Account Number		Account Name	
From		From	
To		To	
Date	Amount \$		

RECURRING TRANSFER

Account Number		Account Name	
From		From	
To		To	
Start Date	Day of Transfer		
Frequency of Transfer	Day(s)	Week(s)	Month(s) Year(s)
Termination Date	Amount		

RECURRING TRANSFER

Account Number		Account Name	
From		From	
To		To	
Start Date	Day of Transfer		
Frequency of Transfer	Day(s)	Week(s)	Month(s) Year(s)
Termination Date	Amount		

CHANGE EXISTING TRANSFER

Previous Transfer				New Transfer			
Account Number				Account Number			
Transfer Amount				Transfer Amount			
Transfer Frequency	Day(s)	Week(s)	Month(s) Year(s)	Transfer Frequency	Day(s)	Week(s)	Month(s) Year(s)
Start Date				Start Date			
Day of Transfer				Day of Transfer			
Termination Date				Termination Date			

SIGNATURES

We (the account holder or third party agent) authorize First Federal to make the above transfers on behalf of the association.

Authorized Signature _____ Date _____

Authorized Signature _____ Date _____