



**SOUTHERN GAS
FEDERAL CREDIT UNION**

P O Box 2600
Little Rock, AR 72203
Phone: 501-374-2031
Fax: 501-374-2041

AUTOMATIC TRANSFER AUTHORIZATION

I hereby authorize Southern Gas Federal Credit Union to originate an automatic transfer from my account as follows and to continue it until further notice:

DRAFT FROM: SGFCU Account

Acct# _____				
<table> <tr> <td>Checking _____</td> <td>Savings _____</td> </tr> <tr> <td>Amount \$ _____</td> <td>Effective date _____</td> </tr> </table>	Checking _____	Savings _____	Amount \$ _____	Effective date _____
Checking _____	Savings _____			
Amount \$ _____	Effective date _____			

FREQUENCY:

- One time only
- Weekly Bi-weekly Monthly Semi-monthly

DEPOSIT TO: SGFCU Account

Acct # _____				
<table> <tr> <td>Checking _____</td> <td>Savings _____</td> </tr> <tr> <td>Loan/s _____</td> <td></td> </tr> </table>	Checking _____	Savings _____	Loan/s _____	
Checking _____	Savings _____			
Loan/s _____				

I understand that this authorization will remain in full force and effect until I notify Southern Gas Federal Credit Union in writing that I wish to revoke this authorization. I understand that Southern Gas Federal Credit Union requires at least THREE business days prior notice in order to cancel this authorization.

Signature Date

Member name _____ Acct # _____

Phone # _____

Internal use only	Processed by _____	Date _____
	Verified by _____	