

**St Helens Community Federal Credit Union
Authorized Automatic Transfer**

I am authorizing the St Helens Community Federal Credit Union to initiate an automatic transfer of funds from the following Financial institution below:

I understand that once this transfer is in effect, it will take place each month on the designated date as set below. I also understand that I must give the SHCFCU a 5 day written notice to stop this originated transfer prior to the origination date.

Date	_____			
Please make automatic WITHDRAWAL from the following:				
Name of Financial Institution	_____			
Address	_____			
City ,State, Zip	_____			
Phone Number	_____			
DEBIT Account Number	_____			
<input type="checkbox"/> Checking	<input type="checkbox"/> Savings			
Routing Number	_____	Amount of Transfer	_____	
Date to Start transfer	_____			
Print Name	_____			
Signature	_____		Date	_____

I understand that by signing I am agreeing to make a recurring MONTHLY donation.

For a monthly recurring donation CREDIT deposit of my transferred funds to :				
ST HELENS COMMUNITY FEDERAL CREDIT UNION				
Columbia Humane Society	Checking account	NonProfitCH1834		
Starting on the date	_____	in the amount of	_____	
A transfer of funds will continue on the	_____	of each month .		
<i>I understand that the above transfer will continue until I give the SHCFCU a written notice of cancellation.</i>				
Print Name	_____			
Signature	_____		Date	_____

I understand that by signing I am agreeing to make a recurring MONTHLY donation.

OR

On your next visit to the St Helens Community Federal Credit Union				
For a ONE TIME DONATION to the COLUMBIA HUMANE SOCIETY for your convenience				
Make a cash, check or Transfer funds from your SHCFCU account	_____			
TO: Columbia Humane Society	Checking account	NonProfitCH1834		
Print Name	_____			
Signature	_____		Date	_____

I understand that this is a ONE TIME DONATION