NIH
Federal Credit Union

Payroll/Transfer Allocation Changes

Account #: Suffix: Date:

Member Name:

I hereby authorize the NIH Federal Credit Union to transfer funds from the above account in accordance with my payroll schedule.

If there are insufficient funds available to make a transfer loan payment, I understand that I am responsible for making the loan payment.

Transfer and attempts to transfer will be made until I provide, in writing, to stop those transfers. NIH Federal Credit Union has the right to terminate transfer authorization at its discretion.

Current Payroll/Transfer Group:

- ☐ **New**
- ☐ **Change**
- ☐ **Delete All**
- ☐ **Delete Single Allocation**

Account	Suffix	Saving/Loan	Amount	Effective Date

X _____ _____

Member Signature Date

X _____ _____ _____

NIHFCU Associate Signature Date NIHFCU Associate Print Name

To submit, please fax or mail completed and signed form along with any requested support documentation to:
NIHFCU Attention: Operations Department
Fax: **301-770-5372**
Mail: **P.O. Box 6475 Rockville, MD 20849-6475**
Or, you may drop this form off at any NIHFCU branch location