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

ID Type: NIH ID

ID Number:

Expiration 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