



Submit To: Your Local Branch **or** Hartford Federal Credit Union
964 Asylum Avenue
Hartford, CT 06105

Fax (860) 527-2297

Automatic Funds Transfer Authorization

From Debited Account

Account Type:	<input type="checkbox"/> Main Share	<input type="checkbox"/> Checking	<input type="checkbox"/> Sub Share
Name on Account:	_____		
Account Number:	_____	Suffix:	_____

To Credited Account

Account Type:	<input type="checkbox"/> Main Share	<input type="checkbox"/> Checking	<input type="checkbox"/> Sub Share	<input type="checkbox"/> Loan
Name on Account:	_____			
Account Number:	_____	Suffix:	_____	

Transfer Details

I authorize Hartford Federal Credit Union to transfer funds from my Debited Account to my Credited Account.			
Amount to be transferred: \$	_____		
Effective Date:	_____		
End Date:	_____		
Frequency:	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly

Member's Signature:	_____	Date:	_____
HFCU employee's Signature:	_____	Date:	_____