

## **Protecting Transfer Authorization Form**

Please begin an autor	matic transfer from (Checking/S	
Account #	in the amount of \$	to
(Checking/Savings/Lo	an) Account #	
when the account rea	ches a minimum balance of \$_	
Billing Options (Plea	se initial next to preferred bi	lling option)
\$3.95 pe	er month/per account (unlimited	d transfers)
\$10.00 pe	er transfer	
Name (Please Print or	r Type)	
Signature		
 Date		