



Account information

Member name: _____

Member number: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail address: _____

By signing below, the undersigned:

- Requests the described services and agrees to the terms and conditions governing the services, including any fees and charges as set forth in the Credit Union's fee schedule.
- Acknowledges receipt of agreements and/or disclosures applicable to the account or services requested.
- Understands that the terms of this additional account and/or service are governed by the terms and conditions applicable to the existing Membership Account Agreement, as amended from time to time, including but not limited to account ownership.
- Certifies that all information is accurate and complete.

Member/Accountholder signature:

Date: _____

- I have completed the automatic transfer authorization.
- Please send me an account register. I will make my deposits manually.

Automatic Transfer Authorization

I/we do hereby authorize Interra Credit Union (Credit Union) to transfer funds between designated accounts listed below, subject to the following terms and conditions.

- 1 This transaction is subject to the terms, conditions and service charges as the Credit Union may establish from time to time.
- 2 I/we understand the transfer cannot result in a balance below the \$10.00 required in the member share savings account at all times.
- 3 The Credit Union has the right to cancel this agreement if the unavailability of the funds to make the transfer is a recurring problem.
- 4 This agreement may be cancelled at any time upon notice from any of the undersigned. Any such notice must be given orally or in writing at least three (3) business days prior to the scheduled date of the transfer. The Credit Union may require written confirmation of any cancellation.
- 5 These transfers may be one of the first transactions each business day; therefore, it is recommended that the transferor deposit or have available sufficient funds in the designated account to cover the transfer payments on the day before the scheduled transfer date. It is the responsibility of the transferor to ensure that sufficient funds are available at the time the transfers occur.

Amount to transfer: \$ _____

Starting date: _____

Day/Date of transfer (e.g. 1st, 15th, weekly on Friday, etc.):

From account number: _____

To Christmas Club number: _____

Phone: _____

E-mail address: _____

Signature: _____

Date: _____

PO Box 727 • Goshen, IN 46527
574.534.2506 • 888.432.2848
interracu.com



Your deposits are insured to \$250,000 per account.
By members' choice, this institution is not federally insured.

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