



## State Troopers of Ohio Recurring Transfer Authorization

ACCOUNT OWNER: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

I authorize the Credit Union to transfer funds for my annual dues from my SHPFCU account as follows:

YEARLY

TRANSFER DATE: \_\_\_\_\_ (MONTH/DATE)

TRANSFER AMOUNT: \$ \_\_\_\_\_

FROM ACCOUNT: # \_\_\_\_\_ TO ACCOUNT: STATE TROOPERS OF OHIO, INC  
# \_\_\_\_\_

I understand it is my responsibility to maintain a balance in my account to enable the transfer to be made on the specified date. If there are not sufficient funds in the account on the transfer date, no transfer will occur. The transfers will continue until I notify the Credit Union in writing to cancel or if the Credit Union notifies me the transfer will be discontinued.

The Credit Union must receive the written request for cancellation seven (7) business days prior to the transfer.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_