



STATE HIGHWAY PATROL FEDERAL CREDIT UNION

1900 POLARIS PARKWAY • SUITE 400 • COLUMBUS, OH 43240

State Troopers of Ohio Recurring Transfer Authorization

DONOR NAME: _____

DONOR ACCOUNT NUMBER AT SHPFCU: _____

DAYTIME PHONE NUMBER: _____

I authorize the Credit Union to transfer a portion of my credit union funds to the STATE TROOPERS OF OHIO, INC account as follows:

Frequency (Select One):

Every Month

Once Annually

Amount to Transfer: \$ _____

Date to Begin Transfer: _____ (MONTH/DAY/YEAR)

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: _____