



INTERNAL DIRECT DEPOSIT / ACCOUNT TRANSFER FORM

**THIS FORM SUPERSEDES AND REPLACES ALL OTHER AUTHORITY FOR
DIRECT DEPOSIT / ACCOUNT TRANSFER FORMS.**

Member Name: _____ Member Number: _____

Last 4 SSN: _____ Daytime Phone: _____ Email: _____

Do you receive a Payroll Deposit into your Eagle account: Yes No

Employer Name: _____ Next Payroll Date: _____

Transfer Start Date: _____

- Frequency of Transfer:**
- Weekly on _____ (day of week – Mon thru Fri)
 - Bi-Weekly on _____ (day of week – Mon thru Fri)
 - Semi-Monthly on _____ day and _____ day of month.
 - Monthly on _____ day of every month

Account to transfer from: _____ (Share ID: #1, #2, #50, #51, etc.)

Account Type	Account ID Number	Amount	Name and Acct # if other than your own.
Share Savings			
Share Savings			
Christmas Club			
Checking			
Checking			
VISA			
Loan Payment			
Loan Payment			
Loan Payment			
Total Transfers			

By signing below, I authorize Eagle Louisiana Federal Credit Union to transfer funds to the accounts/loans designated above. I acknowledge that it is my responsibility to ensure that all loan payments are made in a timely manner. I further acknowledge that I must notify the Credit Union to update my transfers if the source of my Direct Deposit changes.

Signature

Date