



Member Name _____ Member Number _____

Contact Phone Number _____

- New Request
- Change to Existing Request
- Delete Existing Request

Contact Email _____

PREAUTHORIZED TRANSFER FORM

Please write legibly. Incomplete applications may delay processing.

ELECTRONIC WITHDRAWAL — Use to transfer funds from another financial institution to Elements.

FROM	Name of Financial Institution _____		
	Financial Institution's ABA Routing Number (Nine Digits) _____		Account Type: <input type="checkbox"/> Checking
	Account Number _____		<i>Check One</i> <input type="checkbox"/> Savings
	Total Amount to be Transferred \$ _____		

TO	CONSUMER LOANS or DEPOSIT ACCOUNTS	TO	LINES OF CREDIT																										
Elements Account Number _____		Elements Account Number _____																											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">AMOUNT OF PAYMENT</th> <th colspan="2">FREQUENCY</th> <th rowspan="2">START DATE</th> <th rowspan="2">END DATE</th> </tr> <tr> <td>SET AMOUNT</td> <td>OR <input type="checkbox"/> AMOUNT OF LOAN PAYMENT</td> <td>MONTHLY</td> <td>SEMI MONTHLY</td> </tr> <tr> <td>\$ _____</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> <td>_____</td> </tr> </table>		AMOUNT OF PAYMENT		FREQUENCY		START DATE	END DATE	SET AMOUNT	OR <input type="checkbox"/> AMOUNT OF LOAN PAYMENT	MONTHLY	SEMI MONTHLY	\$ _____		<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">AMOUNT OF PAYMENT</th> <th rowspan="2">START DATE</th> <th rowspan="2">END DATE</th> </tr> <tr> <td><input checked="" type="checkbox"/> REGULAR PAYMENT</td> <td>PLUS \$ _____</td> </tr> <tr> <td></td> <td></td> <td>_____</td> <td>_____</td> </tr> </table>		AMOUNT OF PAYMENT		START DATE	END DATE	<input checked="" type="checkbox"/> REGULAR PAYMENT	PLUS \$ _____			_____	_____
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\$ _____		<input type="checkbox"/>	<input type="checkbox"/>	_____	_____																								
AMOUNT OF PAYMENT		START DATE	END DATE																										
<input checked="" type="checkbox"/> REGULAR PAYMENT	PLUS \$ _____																												
		_____	_____																										

TRANSFER REQUEST — Use to transfer funds between Elements accounts.

FROM	Elements Account Number _____																												
TO	CONSUMER LOANS or DEPOSIT ACCOUNTS	TO	LINES OF CREDIT																										
Elements Account Number _____		Elements Account Number _____																											
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		_____	_____																										

TERMS: I confirm that I (we) have authority to make withdrawals from and deposits to these accounts. I understand that in furnishing the information requested and by signing the Preauthorized Transfer Form, I authorize Elements Financial to make deposits or withdrawals by electronic funds transfer (EFT) directly to or from the financial institution specified. Elements is also authorized to initiate corrections, if necessary, to any amounts credited or debited in error. I understand also that Elements may terminate its electronic funds transfer service at any time and for any reason. This authorization will remain in effect until Elements receives notification of revocation from me in sufficient time to enable Elements to act on that revocation or until Elements discontinues this service. I authorize Elements to transfer funds at my request directly to or from the account and financial institution listed. All of the terms and conditions listed have been reviewed, understood and accepted. I understand that I may cancel this authorization at any time.

DISCLAIMER: I (we) hereby authorize Elements Financial, and its successors, assigns, authorized agents or any entity servicing my loan on their behalf (hereinafter collectively called "THE LENDER") to initiate loan payment debit entries (the amount of which may vary with future changes in escrow, principal and interest components, as applicable) to my (our) Checking or Savings Account indicated on my (our) current ACH Authorization Form and the depository named on such ACH Authorization Form to debit the same to such account, or such other account and depository of which you may be notified from time to time. I (we) understand that if any debit entries under this authorization are returned for insufficient funds or otherwise dishonored, I (we) will promptly send THE LENDER the total monthly payment due, plus any late charge(s) or other fees due under my loan. I (we) authorize THE LENDER to electronically credit my (our) account if necessary, to correct erroneous debits. I (we) agree that ACH transactions I (we) authorize comply with federal law.

X _____
Signature Date

CU USE ONLY
Teller#: _____
Date: _____
Elements 1221