

# Authorization for Automatic Debit/Credit Transfers



**Main Office**  
2955 University Dr.  
Auburn Hills, MI 48326  
248-340-9310

**Center Line Branch**  
7291 Bernice  
Center Line, MI 48015  
586-754-2300

**Troy Branch**  
1785 Rochester Rd.  
Troy, MI 48083  
248-528-1885

**Perrysburg Branch**  
28310 Oregon Rd., Ste. C  
Perrysburg, OH 43551  
419-666-1800

**Completed form can be faxed to: 248-373-1339**

I authorize Cornerstone Community Financial (CCF) to initiate a debit/credit transfer from the Financial Institution (FI) listed below. I understand that I control this transfer, and if at any time I decide to discontinue this transfer, I will notify CCF in writing. I understand that funds must be made available one business day prior to payment date. I understand that if the transfer rejects for any reason such as NON-SUFFICIENT FUNDS (NSF), ACCOUNT CLOSED, STOP PAYMENT or any other exception, CCF reserves the right to cancel this transfer request. I also understand that if I cause this transaction to reject because of NSF, ACCOUNT CLOSED, STOP PAYMENT I may be charged a NSF fee of \$30.00. I further understand that this item may or may not be presented a second time, at the discretion of CCF.

**Please note: Any faxed forms will need to be verified before authorization can be processed.**

**\*Complete SECTION 1 in full to authorize an electronic transfer.**

SECTION 1

**Account Information for Debit (withdrawal)**

Financial Institution Name \_\_\_\_\_ F.I. Phone Number \_\_\_\_\_

Name on account \_\_\_\_\_ ABA Number \_\_\_\_\_

Account number to debit \_\_\_\_\_ Select One:  Savings  Checking

Amount to debit \_\_\_\_\_ Date(s) to debit \_\_\_\_\_

**Account Information for Credit (deposit or payment)**

Financial Institution Name **Cornerstone Community Financial** ABA Number **272477429**

Name on Account \_\_\_\_\_ Member Phone Number \_\_\_\_\_

Date to begin \_\_\_\_\_ Frequency of transfer:  Monthly  Bi-weekly (26 pays)  Weekly

Account number to credit \_\_\_\_\_ Select One:  Savings  Checking  Loan \_\_\_\_\_ Loan I.D. number

**I understand transfers will take 30 days to start.**

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

E-mail address \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR CREDIT UNION USE ONLY**

Schedule \_\_\_\_\_ Account set up by \_\_\_\_\_ Date \_\_\_\_\_ Comment \_\_\_\_\_

Verification by \_\_\_\_\_ Date \_\_\_\_\_ Pmts initiated by \_\_\_\_\_ Pmts approved by \_\_\_\_\_

File sent by \_\_\_\_\_ Fax confirmation-Call back by \_\_\_\_\_ Date \_\_\_\_\_

**\*Complete SECTION 2 in full to cancel a previously authorized electronic transfer.**

SECTION 2

**Cancellation of Electronic Transfer**

I (we) would like to cancel my automatic payment/transfer from \_\_\_\_\_  
(Financial Institution)

to Cornerstone Community Financial effective \_\_\_\_\_  
(date)

Member Name(s) \_\_\_\_\_ CCF Account Number \_\_\_\_\_

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

**FOR CREDIT UNION USE ONLY**

Cancel Automatic Transfer Date \_\_\_\_\_ Schedule Name \_\_\_\_\_

Employee Signature \_\_\_\_\_ Verified by \_\_\_\_\_