



**SCHEDULED TRANSACTION REQUEST FORM**

To Whom It May Concern:

I hereby authorize Community Focus Federal Credit Union to transfer \$\_\_\_\_\_ (Total Amount)  
from Account#\_\_\_\_\_ suffix#\_\_\_\_\_ every \_\_\_\_\_ to:  
(week, month, specific day)

Account#_____	Savings 100	\$_____
Account#_____	Checking 300	\$_____
Account#_____	Side Savings _____	\$_____
Account#_____	Side Savings _____	\$_____
Account#_____	Side Savings _____	\$_____

Member Signature: \_\_\_\_\_

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

**Cancelled:**

Member Signature: \_\_\_\_\_

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

**For Office Use Only:**

Company ID#: \_\_\_\_\_

Completed By: \_\_\_\_\_

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