



Periodic Payment Change Existing Setup Form

To be used for internal transfers between FFFCU accounts with like ownership only.

By signing this form, I authorize First Flight Federal Credit Union to change the existing automatic Periodic Payment between my First Flight FCU accounts as described above. I understand that should the scheduled transfer date fall on a non-business day, that the transfer will take place on the following business day and that First Flight FCU will not be responsible for any late fees that may have been charged because of this. I further understand that it is my responsibility to ensure there are sufficient funds in the account to allow the Periodic Payment to take place and that this Periodic Payment may be terminated by First Flight FCU at any time.

This authorization is to remain in effect until First Flight FCU has received written notification from me of its termination. I agree to give First Flight FCU at least 3 business days from my written notification and before the next schedules draft to make changes to my existing Periodic Payment.

Member Name: _____

OP#: _____

Date: _____

Branch: _____

I, _____ authorize First Flight Federal Credit Union to process a Periodic Payment per the following instructions:

Debit Account #: _____

- Checking
- Savings
- Money Market

Debit Amount: _____

Change Date: _____

Frequency: *(Allow 3 days before next schedule draft to change existing setup)*

- Weekly
- Bi-Weekly
- Semi-Monthly (Date: _____ & Date: _____)
- Monthly on Date: _____
- Monthly on last day of month
- Quarterly
- Annually

Credit Account #: _____

- Checking
- Savings
- Money Market
- Loan Type L _____

Member Signature: _____

Date: _____