



ACCOUNT INFORMATION

| |
|------------------------------------|
| Association Name |
| Management Company (if applicable) |
| Requester (Name & Number) |

ONE TIME TRANSFER \$5.00 fee or free if completed online

| | | | |
|----------------|-----------|--------------|--|
| Account Number | | Account Name | |
| From | | From | |
| To | | To | |
| Date | Amount \$ | | |

RECURRING TRANSFER

| | | | |
|-----------------------|-----------------|--------------|------------------|
| Account Number | | Account Name | |
| From | | From | |
| To | | To | |
| Start Date | Day of Transfer | | |
| Frequency of Transfer | Day(s) | Week(s) | Month(s) Year(s) |
| Termination Date | Amount | | |

RECURRING TRANSFER

| | | | |
|-----------------------|-----------------|--------------|------------------|
| Account Number | | Account Name | |
| From | | From | |
| To | | To | |
| Start Date | Day of Transfer | | |
| Frequency of Transfer | Day(s) | Week(s) | Month(s) Year(s) |
| Termination Date | Amount | | |

CHANGE EXISTING TRANSFER

| | | | | | | | |
|--------------------|--------|---------|------------------|--------------------|--------|---------|------------------|
| Previous Transfer | | | | New Transfer | | | |
| Account Number | | | | Account Number | | | |
| Transfer Amount | | | | Transfer Amount | | | |
| Transfer Frequency | Day(s) | Week(s) | Month(s) Year(s) | Transfer Frequency | Day(s) | Week(s) | Month(s) Year(s) |
| Start Date | | | | Start Date | | | |
| Day of Transfer | | | | Day of Transfer | | | |
| Termination Date | | | | Termination Date | | | |

SIGNATURES

We (the account holder or third party agent) authorize First Federal to make the above transfers on behalf of the association.

Authorized Signature _____ Date _____

Authorized Signature _____ Date _____