

California Lithuanian Credit Union

2806 Santa Monica Blvd., Santa Monica, CA 90404 Phone: (310) 828-7095 Fax (310) 828-0891

ELECTRONIC TRANSFER INSTRUCTIONS

Dear member:

In order to process the automated direct deposits and withdrawals on your account(s), we need your assistance. Please follow the instructions marked below:

1. Contact your payroll, pension, or the company that will be transmitting the deposit or withdrawal and give them the following information:

ROUTING NO: # 322282386
CREDIT UNION NAME: CALIFORNIA LITHUANIAN CU

FOR FURTHER CREDIT TO: _____ (CLCU account number)
(Choose savings or checking if asked to do so.)

2. Please complete the bottom half of this sheet and return to us before the electronic transfer takes place. We must have this form in our files for auditing purposes.

THANK YOU



TERMINATION DATE

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	ELECTRONIC TRANSFER AUTHORIZATION	
	, HEREBY AUTHORIZE THE CALIFORNIA LITHUAN TRONIC FUND TRANSACTION ON:	NIAN CREDIT UNION TO ACCEPT
ACCOUNT NO.	CHECKING SAVINGS	
		DEPOSITED
\$	COMPANY'S NAME	WITHDRAWN
FREQUENCY:	(mo., wkly, bi-wkly, etc.)	
Lithuanian Credit Union at to my account. If there are not sufficient f	ecified, this authorization will remain in effect until cancelled by eith least 3 days prior to the date of the transaction or the Credit Union values in the chosen account to cover the withdrawal, the Electro vill be a \$20.00 charge for NON SUFFICIENT FUNDS.	vill not be liable for any charges made
THE CREDIT UNION MU	ST HAVE A SIGNED AUTHORIZATION ON FILE IN ORDER T	TO ACCEPT MY TRANSFER.
EFFECTIVE DATE	SIGNATURE	

SIGNATURE