



# Hawaiian Financial Federal Credit Union

1138 North King Street • Honolulu, HI 96817  
808-832-8700 • 800-272-5255

## AUTOMATIC PAYMENT TRANSFER AUTHORIZATION

I authorize Hawaiian Financial Federal Credit Union to make the following Share/Loan transfer(s) from my account(s) starting on: \_\_\_\_\_ and continuing at the frequency selected until I notify Hawaiian Financial Federal Credit Union of any changes **in writing**.

**New Transfer Setup** - (Complete Sections 1 - 4)

**Cancel Automatic Transfer** - (Complete Sections 1 - 4)

<b>SECTION 1 - SELECT DATE/FREQUENCY</b> (select one)
<b>MONTHLY</b> On the _____ of each month
<b>SEMI-MONTHLY</b> (list dates below) _____
<b>Bi-Weekly</b> (every other week) Starting: _____
<b>Weekly</b> Starting: _____

<b>SECTION 2 - AMOUNT</b> Amount: _____
<b>SECTION 3 - FROM ACCOUNT</b> Account # _____ Sub-Account: _____
<b>SECTION 4 - TO ACCOUNT</b> Account # _____ Sub-Account: _____

**Change Dollar Amount, Account/Sub-Share, Date or Frequency** (Complete Section 5 & 6 only)

<b>SECTION 5 - From</b> (existing setup)
Monthly on the _____ of each month
Semi-Monthly on the _____ & _____
Bi-Weekly starting on the _____
Account # _____ Sub Account _____
Amount _____

<b>SECTION 6 - TO</b> (new setup)
Monthly on the _____ of each month
Semi-Monthly on the _____ & _____
Bi-Weekly starting on the _____
Account # _____ Sub Account _____
Amount _____

### Terms and Conditions:

- Any changes to this Automatic Payment Transfer Authorization must be made **in writing**.
- Funds must be available on the day of the transfer. If the transfer date falls on a weekend or holiday, funds must be available on the business day prior to the weekend or holiday.
- Insufficient funds at time of transfer:**  
If available funds in my designated account are insufficient to cover this automatic transfer, I acknowledge and understand the following:
  - The transfer will **not** go through. It will not take a partial amount.
  - The transfer will attempt to process the automatic payment for **two additional** consecutive days.
  - If after the three attempts (original day + 2 consecutive days), I am liable for any delinquent payments and/or penalties due to HIFICU and I am responsible for immediate settlement.
  - Overdraft protection is **not** available for the Automatic Payment Service.
  - HIFICU is not responsible for any damages that may result from non payment.
- Transfer to pay a loan will stop when a loan is paid in full and the funds will remain in the source account. No notification will be provided.

**I have read the above and agree to the terms and conditions as outlined.**

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

### For Credit Union Use Only:

Prepared by: \_\_\_\_\_

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

Setup/Update by: \_\_\_\_\_

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

Reviewed by: \_\_\_\_\_

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