

**Tongass Federal
Credit Union**

Main Office
2000 Tongass Ave.
Ketchikan, AK 99901
Phone: 907-225-9063
Fax: 907-225-0349

Loan Center
2106 Tongass Ave.
Ketchikan, AK 99901
Phone: 907-228-6759
Fax: 907-247-9063

Metlakatla Office
PO Box 329
Metlakatla, AK 99926
Phone: 907-886-5975
Fax: 907-886-5976

Klawock Office
PO Box 8
Klawock, AK 99925
Phone: 907-755-2800
Fax: 907-755-2810

Thorne Bay Office
PO Box 19150
Thorne Bay, AK 99919
Phone: 907-828-8880
Fax: 907-828-8881

Toll Free: 800-960-8328
Audio Teller: 907-247-8338



Tongass Federal Credit Union
Auto-Save and Auto-Pay Form

We make saving and loan payments easy. Just complete the following automatic transfer authorization to set up Auto-Save or Auto-Pay between your Tongass Federal Credit Union accounts.

Date: _____

Member: _____

Member #: _____

New: Update: Cancel:

I authorize the Credit Union to transfer funds from my account(s) with the following frequency:

Monthly Semi-Monthly Bi-Weekly
Weekly Day(s)/Date(s) _____

Amount to Transfer _____ From Account No. _____

Distribution:

Amount \$ _____	To: <input type="checkbox"/> Savings	<input type="checkbox"/> Checking	<input type="checkbox"/> Loan	Acct. No. _____
Amount \$ _____	To: <input type="checkbox"/> Savings	<input type="checkbox"/> Checking	<input type="checkbox"/> Loan	Acct. No. _____
Amount \$ _____	To: <input type="checkbox"/> Savings	<input type="checkbox"/> Checking	<input type="checkbox"/> Loan	Acct. No. _____
Amount \$ _____	To: <input type="checkbox"/> Savings	<input type="checkbox"/> Checking	<input type="checkbox"/> Loan	Acct. No. _____

I understand it is my responsibility to maintain a balance in my account to enable the transfer to be made on the specified date. If there are not sufficient funds in the account on the transfer date, available funds may be used to make a partial transfer in any order determined by the Credit Union. The transfers will continue until I notify the Credit Union in writing to cancel or update the transfer or if the Credit Union notifies me the transfer will be discontinued. The Credit Union must receive the written request for cancellation seven (7) business days prior to the transfer.

Signature: _____ Date: _____

Please fax, mail or drop off this signed form at the office location most convenient to you. See contact information in the left side-bar.

For Credit Union Use:

Entered into Cruise:
Date: _____
Processed by: _____