

Willis Credit Union Recurring Entry

Member Name: _____

Primary Acct No. : _____

1.) \$ _____ to account # _____ account type S-_____

account name

Frequency: Weekly Bi-Weekly Semi-Monthly
 Monthly Quarterly Annually

Starting Date: _____

2.) \$ _____ to account # _____ account type S-_____

account name

Frequency: Weekly Bi-Weekly Semi-Monthly
 Monthly Quarterly Annually

Starting Date: _____

I understand that this allocation transfer will remain in effect until revoked by me in writing or by Willis Credit Union.

Member's Signature

Date

Request Taken By _____

Employee Signature

Date

Keyed By _____

Employee Signature

Date