



Auto Pay Request

When completed, please drop off at the nearest Integra First branch.

Name: _____ Account Number: _____

Date: _____

Monthly Weekly Bi-Weekly

Start Date: _____

From:

Type: _____

Account Number: _____

Amount: _____

To:

Type: _____

Account Number: _____

Amount: _____

Type: _____

Account Number: _____

Amount: _____

Type: _____

Account Number: _____

Amount: _____

Type: _____

Account Number: _____

Amount: _____

Member Signature: _____

Date: _____

Credit Union Rep. Initials: _____