

Recurring Transfer Request- CalliPay

Date: _____

I, _____, authorize Wakota Federal Credit Union (WFCU) to transfer \$_____ each month to pay my loan payment. I accept the \$2 fee assessed for each transfer.

Card # _____

Expiration Date _____ CVV _____ Member/ Loan # _____

Signature: _____

*Recurring transfer only attempts the transaction once a month. If the original transaction is denied a second attempt will not occur. Regular transfer will resume the next month.

Staff Initials: _____