

AFT FORM

MEMBER'S NAME: _____

AFT GOING TO ACCOUNT NUMBER & SUFFIX: _____

FROM ACCOUNT NUMBER & SUFFIX: _____

DATE TO START: _____

AMOUNT: _____

FREQUENCY: (Weekly – Bi-Weekly – Monthly) _____

MEMBER'S SIGNATURE

TODAY'S DATE

STAFF INITIALS

DATE

IF FOR A MISCELLANEOUS AFT, COMPLETE & FILE IN DAILY.
IF FOR A LOAN AFT, GIVE TO LOAN DEPT TO COMPLETE & FILE IN LOAN FOLDER.