



Funds Transfer Authorization for Subordination Processing Fee

PenFed Equity/ELOC Account No.: _____ Member Name: _____

Please choose between the following:

Transfer from PenFed account:

Account No. _____

(Regular Share, checking or MMSA only)

I hereby authorize the debit of \$100.00 from my PenFed account listed above for the non-refundable subordination processing fee.

Transfer from another financial institution:

I hereby authorize Pentagon Federal Credit Union (PenFed) to debit my account at the financial institution named below for the one-time \$100.00 non-refundable subordination processing fee.

Financial Institution Name: _____

Financial Institution Routing Number: _____

Address: _____

Financial Institution Account Number: _____

Checking

Financial Institution Telephone No. _____

Savings

(If your checking account is to be charged,
please include a voided check.)

Member Signature: _____

Date: _____