



FUNDS TRANSFER AUTHORIZATION FOR SUBORDINATION PROCESSING FEE

Member Name: _____

PenFed Equity / ELOC Account Number: _____

Please choose between the following:

- Transfer from PenFed account:

Account Number: _____
 (savings, checking or MMSA only)

- I hereby authorize the debit of \$150.00 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 \$150.00 non-refundable subordination processing fee.

Financial Institution Details:

Financial Institution Name: _____

Address: _____

Phone Number: _____

Routing Number: _____

Account Number: _____

Type of Account: Checking Savings

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

✕ Member Signature: _____

Date: _____