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## Payment Transfer Authorization Form

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I \_\_\_\_\_, authorize Dakotaland Financial Services, LLC to transfer \$ \_\_\_\_\_  
from my (our) Dakotaland Account (see below) on \_\_\_\_\_ .

Checking Account # \_\_\_\_\_

or

Savings Account # \_\_\_\_\_

\_\_\_\_\_  
Member Signature Date

\_\_\_\_\_  
Dakotaland Financial Services, LLC Date

\_\_\_\_\_  
Dakotaland FCU Employee Processing Transfer Date