

EXTERNAL STANDING ORDER

| Date: | Start Date: | |
|---------------------------|-------------|--|
| Member's Name: | | |
| CFCCU Account # | | |
| To: | | |
| Account #/ Reference #: _ | | |
| Member Signature: | | |

I herby authorize the Community First Co-operative Credit Union to conduct the above transaction on my behalf until otherwise rescinded by letter.