

# United Community Credit Union

## AUTHORIZATION AGREEMENT FOR PREAUTHORIZATION PAYMENTS

TODAYS DATE: \_\_\_/\_\_\_/\_\_\_

TELLER NUMBER # \_\_\_\_\_

TELLER INITIALS: \_\_\_\_\_

UPDATE REQUEST: \_\_\_\_\_

NEW REQUEST: \_\_\_\_\_

CANCELATION REQUEST: \_\_\_\_\_

MEMBER NAME: \_\_\_\_\_ UCCU ACCOUNT NUMBER: \_\_\_\_\_

**I Hereby Authorize United Community Credit Union (UCCU) To Initiate Debit Entries To The Checking Account Indicated Below.**

**In the Amount of \$ \_\_\_\_\_**

Beginning on the following date: \_\_\_\_\_ with a frequency of: \_\_\_\_\_

### THESE FUNDS ARE TO BE DEBITED FROM THE FOLLOWING

Financial Institution Name: \_\_\_\_\_ ABA/Routing Number: \_\_\_\_\_

Name (s) on Account: \_\_\_\_\_

Account Number: \_\_\_\_\_ Share ID: \_\_\_\_\_ Account Type: \_\_\_\_\_

### THESE FUNDS ARE TO BE APPLIED TO THE FOLLOWING

Financial Institution Name: \_\_\_\_\_ ABA/Routing Number: \_\_\_\_\_

Name (s) on Account: \_\_\_\_\_

Account Number: \_\_\_\_\_ Loan/Share ID: \_\_\_\_\_ Account Type: \_\_\_\_\_

This authority to deduct the full amount above will remain in full force until United Community Credit Union and/or Financial Institution has received written notification from me or until the United Community Credit Union and/or Financial Institution has been made aware of a payoff and has been afforded sufficient time to act thereon. In the event of an overpayment the overage will be deposited into my Savings Account at UCCU. Transactions will not be reprocessed in the event of NSF's and it will be my responsibility to make other arrangements for initiated debit/credit entry. UCCU has the right to terminate initiated debit entries without notice due to negative activity. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. Your signature below indicates that you accept the terms of the Electronic Funds Transfer Services Disclosure as stated in the Deposit Agreement and Disclosure Statement of UCCU.

**\*\*PLEASE ATTACH A VOIDED CHECK TO BACK OF THIS AUTHORIZATION\*\***

Member Signature

Date:

FOR CREDIT UNION USE:

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ RECIEVED BY: \_\_\_\_\_

FOR ACCOUNTING USE ONLY:

ENTERED IN COMPUTER BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

PRE-NOTE EFF DATE: \_\_\_\_\_ DEBIT: \_\_\_\_\_ CREDIT: \_\_\_\_\_

NSF1: \_\_\_\_\_ NSF2: \_\_\_\_\_ NSF3: \_\_\_\_\_

OTHER NOTES: \_\_\_\_\_