

Tri County Area Federal Credit Union
Authorization Agreement for ACH Credit to another Financial Institution

I (we) hereby authorize *Tri County Area Federal Credit Union* to initiate ***credit*** entries to my (our) ___ Checking Account, ___ Savings Account or ___ Loan Account (select one) at the financial institution named below.

Financial Institution
Name _____

City _____ State _____ Zip _____

Name on Account _____

Account Number _____ Routing
Number _____

Tri County Area Federal Credit Union Information

Starting
Date _____

Account
Number _____ Checking or Saving (circle one)

Amount _____

Frequency _____

W = Weekly
BW = Biweekly
M = Monthly
T = Once Only

SL = Semi-Monthly (15th and end of month)
SM = Semi-Monthly (14th and 28th)
ML = Monthly (end of the month)

This authorization is to remain in full force and effect until *Tri County Area Federal Credit Union* has received written notification from me (or either of us) of its termination. **This written request must be made at least three (3) business days before the scheduled date of a Preauthorized Electronic Funds Transfer.**

Contact Phone Number _____ (H) _____ (W/C)

Name _____ Name _____
(Please Print) (Please Print)

Signature _____ Signature _____

Date _____ Date _____

Teller Number _____ Teller Initials _____