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

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

Financial Institution
Name _____

City _____ State _____ Zip _____

Name on Account_____ Check Number_____

Account Number_____ Routing Number ___ ___ ___ ___ ___ ___ ___ ___ ___

Tri County Area Federal Credit Union Information

Starting
Date _____

Account
Number _____ Checking / Saving or Loan (circle one)

Amount _____

Frequency _____

W = Weekly	SL = Semi-Monthly (15th and end of month)
BW = Biweekly	SM = Semi-Monthly (14th and 28th)
M = Monthly	ML = Monthly (end of the month)
T = Once Only	

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 _____