

# Debit Authorization



I hereby authorize West Community Credit Union/Tigers Credit Union to initiate debit entries to my account indicated below and the financial institution named below, hereinafter called Financial Institution, to debit the same to such account. *I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.*

<b>FUNDS TO BE WITHDRAWN FROM</b>		
Financial Institution Name: _____		
City: _____	State: _____	Zip: _____
Account Number: _____	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Routing Number: _____	Amount: _____	_____ <i>Member Initials</i>

<b>PAYMENT SCHEDULE</b>	
<input type="checkbox"/> This is a one-time payment	Date: _____
<input type="checkbox"/> This is a recurring payment	Starting Date: _____
	<input type="checkbox"/> Monthly <i>Day of Month:</i> _____
	<input type="checkbox"/> Semi-monthly <i>First Occurrence:</i> _____
	<i>Second Occurrence:</i> _____
<input type="checkbox"/> Weekly	<input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F
<input type="checkbox"/> Bi-weekly	Starting Date: _____
<i>NOTE: Fax required only if date is today or tomorrow.</i>	
_____ <i>Member Initials</i>	

<b>FUNDS TO BE APPLIED TO</b>	
Loan Name: _____	
Member Number: _____	_____ <i>Member Initials</i>

This authority is to remain in full force and effect until West Community Credit Union/Tigers Credit Union has received written notification from me of its termination in such time and manner as to afford West Community Credit Union and Financial Institution a reasonable opportunity to act on it. A \$15 fee will apply to all debits returned insufficient.

Member Name \_\_\_\_\_

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

**PLEASE ATTACH A COPY OF A VOIDED CHECK TO THIS FORM.**

<b>FOR ACCOUNTING USE ONLY</b>		
Signature verified by: _____ OFAC checked by: _____ Funds Transfer Agreement form verified by: _____		