

# Electronic Deposit/Withdrawal Agreement Authorization



**Form Instructions:**

- 1 — Complete all applicable fields
- 2 — Print completed form
- 3 — Sign and date the Signature section

4 — Print and mail the completed form to:

Delta Community Credit Union,  
ATTN: Payment Services—ACH Department  
P.O. Box 20541  
Atlanta, GA 30320-2541  
OR fax to: 404-677-4828

## Member Information

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Member Number

\_\_\_\_\_  
Social Security Number

## Transaction Information

Complete the section below after verifying correct routing and account number information at receiving Financial Institution. Then complete payment options and sign below.

Deposit To:            Checking            Savings            Account or ID# \_\_\_\_\_

\_\_\_\_\_  
Routing Number

\_\_\_\_\_  
Financial Institution

\_\_\_\_\_  
Phone Number

Withdraw From:            Savings            Checking            Account or ID# \_\_\_\_\_

\_\_\_\_\_  
Routing Number

\_\_\_\_\_  
Financial Institution

\_\_\_\_\_  
Phone Number

## Payment Amount/Frequency Information

Note: Delta Community CU requires receipt of this form 15 days before the start date.

\_\_\_\_\_  
Amount

\_\_\_\_\_  
Start Date

\_\_\_\_\_  
Stop Date

### Select Frequency

Monthly, on (day #) \_\_\_\_\_

Semi-Monthly, on (day #1) \_\_\_\_\_ (day #2) \_\_\_\_\_

Bi-weekly, (day #1) \_\_\_\_\_

Weekly, (day #1) \_\_\_\_\_

\*Note: Funds must be available the day before the delivery date. Otherwise, funds will not post on the settlement date listed above.

## Terms and Conditions

This authorization is to remain in effect until Delta Community CU has received notification from me (or joint owner) in writing of its termination in such time and manner as to afford the credit union a reasonable opportunity to act on it. If necessary, I authorize Delta Community CU to make debit or adjustment entries for credits made in error. If selected date falls on a holiday or weekend, funds will be posted the next available business day.

## Signature

I (we) authorize Delta Community Credit Union to originate the ACH transactions selected above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Daytime Phone Number

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