

Electronic Deposit/Withdrawal Agreement Authorization



Form Instructions 1 – Complete all applicable fields 2 – Print completed form 3 – Sign and date the Signature section	4 – Mail to: Delta Community Credit Union ATTN: Payment Services Dept. 930/ATG OR P.O. Box 20541, Atlanta, GA 30320-2541 OR fax to: 770-644-0131
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Member Information

Last Name or Business Name First Name Member Number

Social Security Number or Tax ID 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: <input type="checkbox"/> Checking <input type="checkbox"/> Savings Account or ID # _____
_____ Routing Number Financial Institution Phone Number
Withdraw From: <input type="checkbox"/> Savings <input type="checkbox"/> 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
<input type="checkbox"/> Monthly, on (day #) _____
<input type="checkbox"/> Semi-Monthly, on (day #1) _____ (day #2) _____
<input type="checkbox"/> Bi-weekly, (day#1) _____
<input type="checkbox"/> Weekly, (day#1) _____
<small>*Note: Funds must be available the day before the delivery date. Otherwise, funds will not post on the settlement date listed above.</small>

Terms and Conditions

This authorization is to remain in effect until Delta Community CU has received notification from me (or joint owner or business account authorized signer) 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. All requests made herein will be subject to the terms of my applicable account agreements, the NACHA Rules and applicable laws and regulations. I will not initiate any transfer that will violate the laws of the United States. Delta Community may terminate or suspend any authorizations for transactions which violate these terms. For requests made on behalf of business accounts, Delta Community Credit Union reserves the right to audit electronic transactions authorized herein to ensure compliance with NACHA Operating Rules.

Signature

I (we) authorize Delta Community Credit Union to originate the ACH transactions selected above. By submitting this Authorization, I acknowledge receipt of a copy.

Signature Today's Date Daytime Phone Number

02.23



This credit union is federally insured by the National Credit Union Administration.

3250 Riverwood Parkway | Atlanta | GA 30339-6420

Telephone: (404) 715-4725 Toll-Free: (800) 544-3328 Web: DeltaCommunityCU.com