



### Electronic Funds Transfer/ Automatic Payment/ Deposit Authorization

I hereby authorize **American United F.C.U.**, hereinafter called **CREDIT UNION**, to initiate **credit or debit** entries to my (our) account indicated below and the financial institution named below, hereinafter called **FINANCIAL INSTITUTION**. I (we) acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

**TO / FROM (circle one) my:**

**A.U.F.C.U. Account Number:** \_\_\_\_\_

Account Type:    Checking       Savings       Loan       **(circle one)**

**TO / FROM (circle one) - FINANCIAL INSTITUTION INFORMATION:**

Name: \_\_\_\_\_

2<sup>nd</sup> Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Type:    Checking       Savings       Loan       **(circle one)**

#### **PAYMENT INFORMATION:**

Starting Date :    \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

Frequency: \_\_\_\_\_ *i.e.(once, monthly)* Date(s) \_\_\_\_\_ *i.e.(1<sup>st</sup> & 15<sup>th</sup>)(30<sup>th</sup>)*

If date falls on a non-business day, process the business day **before / after (circle one)** due date.

**Fixed Dollar Amount:** \_\_\_\_\_ or **Variable (As Requested) (circle one)**

This authorization is to remain in full force and effect until **CREDIT UNION** has received **written notification** from me of its termination in such time and manner as to afford **CREDIT UNION** and **FINANCIAL INSTITUTION** a reasonable opportunity to act on it. A reasonable processing fee may be charged by the **CREDIT UNION** for exception processing.

Print Individual Name: \_\_\_\_\_

2<sup>nd</sup> Name (if applicable): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2<sup>nd</sup> Signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_