

Debit Authorization



I hereby authorize West Community Credit Union/Tigers Community 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.

FUNDS TO BE WITHDRAWN FROM		
Financial Institution Name: _____		
City: _____	State: _____	Zip: _____
Account Number: _____	Checking	Savings
Routing Number: _____	Amount: \$ _____	Member Initials _____

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

FUNDS TO BE APPLIED TO	
Loan Name: _____	
Member Number: _____	Member Initials _____

This authority is to remain in full force and effect until West Community Credit Union/Tigers Community 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.

FOR ACCOUNTING USE ONLY		
Signature verified by: _____	OFAC checked by: _____	Funds Transfer Agreement form verified by: _____