

# AUTHORIZATION AGREEMENT FOR EXPRESS TRANSFER

I hereby authorize Vantage Credit Union (VCU) to initiate debit entries to my checking account at the Depository Institution indicated below:

Depository Institution \_\_\_\_\_

Checking Account Number \_\_\_\_\_

Routing/Transit Number \_\_\_\_\_

Checking Account Name \_\_\_\_\_

City, State, Zip \_\_\_\_\_

\$ \_\_\_\_\_ Date to Start \_\_\_\_\_

I authorize the above dollar amount to be debited from the above stated financial institution and account and continuing each time after that as the frequency indicates (see below). I understand the debit will be processed the following business day if the designated date falls on a holiday or weekend.

**Frequency of Debit Transfer (Please Check One):**     Weekly     Bi-Weekly     Semi-Monthly     Monthly

The funds from the Depository Institution will be deposited into my VCU Account: \_\_\_\_\_ -0 with the subsequent distributions to the following:

VCU ACCOUNTS	NUMBER	SUFFIX	AMOUNT
SAVINGS:	_____	_____	\$ _____
	_____	_____	\$ _____
CHECKING:	_____	_____	\$ _____
	_____	_____	\$ _____
LOANS:	_____	_____	\$ _____
	_____	_____	\$ _____
RELATED ACCOUNTS:	_____	_____	\$ _____
	_____	_____	\$ _____
TOTAL TO BE CREDITED:			\$ _____

Please check one:

New Agreement

Change

Cancellation

Entered By: \_\_\_\_\_

Date Entered: \_\_\_\_\_

Bank Number: \_\_\_\_\_

This authority is to remain in full force and effect until VCU and the above mentioned Depository Institution have received written notification from me revoking this agreement in such time and in such manner as to afford VCU reasonable opportunity to act on it. I understand this authorization can be terminated if VCU receives three (3) consecutive insufficient funds return notices for the Depository Institution. VCU reserves the right to terminate this service upon written notice to me.

By signing below, I acknowledge receipt of and agree to the terms and conditions of the Membership and Account Agreement, and to any amendment VCU makes from time-to-time which are incorporated herein.

\_\_\_\_\_  
Please Print Your Name

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

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date

To insure that a transfer from your checking account is properly completed you must attach a voided check below.