



For Credit Union use only

Date loaded: _____

Employee Name: _____

Authorization #: _____

STANBROUGH AUTHORIZATION FOR AUTOMATIC PAYMENTS

(ATTACH VOIDED CHECKS)

I (we), the undersigned, authorize Direct Transfer Transactions to be initiated and processed to the accounts indicated below. This authority will remain in effect until I (we) notify, in person or in writing, Community Choice Credit Union to cancel the authorization in such time as to afford the financial institution a reasonable opportunity to act on it. I (we), understand that fees and dues may change and we will not have to sign another agreement as the new charges will be covered under this agreement.

Withdrawal Instructions

Name of Financial Institution: _____

City and State: _____

Routing #: _____ **Account #:** _____

Account Type: Checking (27) Savings (37)

Transaction Details & Special Instructions

Effective Date: ___/___/___

Transfer 1st of month: **Amount \$:** _____

Transfer 5th of month: **Amount \$:** _____

One-Time Transfer Date: _____ **Amount \$:** _____

Stanbrough Use Only

Stanbrough CCCU Member No: _____

Property Address / Name to use on ACH: _____

If item is returned, there will be a \$20.00 charge to your account.

Signature

Date

Signature

Date