



ACH (Outgoing) Payment Transfer Authorization Agreement

Direct Payment via ACH is the transfer of funds from a consumer account at United Catholics FCU for the purpose of making payments/deposit to your other financial institution account.

From United Catholics Federal Credit Union.

I/we authorize United Catholics Federal Credit Union to electronically withdrawal (debit) from my/our account (and, if necessary electronically credit my (our) account to correct erroneous withdrawal/debits) as follows:

Withdrawal Funds from United Catholics Federal Credit Union

Member Account #: _____ Savings (Suffix ____) Checking (Suffix ____)

Deposit to Other Financial Institution

I/we authorize *United Catholics Federal Credit Union* to credit the same entry to my (our) account at the other Financial Institution listed below:

Financial Institution Name _____

Address _____ City _____ Zip _____

Routing & Transit Number _____ Account Number _____

To (select one); Checking Savings

Amount of Debit \$ _____ Frequency _____ Date of Next Debit _____

Important Information:

If the date of payment/deposit falls on a weekend or holiday, payment/deposit will occur on the business day prior to the weekend or holiday. I/we understand that I/we will be notified if the debit amount needs to be adjusted, either to be increased or decreased. I/we also understand that I (we) have the right to stop automatic payments by notifying *United Catholics Federal Credit Union* in writing fifteen (15) days prior to the time my (our) account is charged. I/we authorize adjustment entries in the event of erroneous transactions on my (our) account. I/we acknowledge that the origination of ACH transactions to my (our) accounts must comply with the provisions of U.S. law.

This authority is to remain in full force and effect until *United Catholics Federal Credit Union* has received written notification from me (us) of its termination in such a time and manner as to afford *United Catholics Federal Credit Union* a reasonable time to act upon it. This authorization is subject to *United Catholics Federal Credit Union's* Electronic Service Agreement and Disclosure.

Note: Only one signature is required.

Member Name (Print) _____ Last 4 digits of Member Social Security # _____
(or Joint Owner) _____ (or Joint Owner) _____

Member Signature _____ Date: _____
(or Joint Owner) _____

- Please attach one of the following from the other financial institution:**
- 1) Voided Check.
 - 2) Statement showing account ownership.
 - 3) Letter from other financial institution verifying account ownership.