

UNIVERSITY CREDIT UNION

Automated Transfer Service (ATS)

Last Name	First Name	Middle Name
UCU Member #		Phone Number & Extension
Depository Name (Name of Financial Institution)		

AUTHORIZATION (check which applies): Initial Deduction Cancellation Stop Until Date
 Change in Amount Depository Financial Institution Deduction Date from _____

INITIAL / NEW DEDUCTION DATE: _____
Please allow 5 business days from the deduction date for this request to take effect.

**ATTACH VOIDED CHECK HERE for
 Initial Deductions or
 Change in Depository Financial Institution**

Please distribute my funds to the following account(s) and/or suffix(es)

Account #	Type <small>(Savings, Checking, Loan)</small>	Suffix #	Name on the Account <small>(if different than above)</small>	Amount
TOTAL AMOUNT (Minimum \$10.00)				

AUTHORIZATION AGREEMENT

As a convenience to me, I hereby authorize University Credit Union, hereinafter called UCU, to initiate debit and/or credit entries to my checking account indicated above and the depository named above, hereinafter, called DEPOSITORY, to debit and/or credit the same to such account. I agree that my DEPOSITORY's rights regarding each such debit shall be the same as if it were a check drawn on my DEPOSITORY and signed personally by me. This authority is to remain in full force and effect until UCU and the DEPOSITORY have received a written notification from me of its termination in such time and in such manner as to afford UCU and DEPOSITORY a reasonable opportunity to act on it.

I, the undersigned, hereby attest that the voided check used to initiate my preauthorized ACH transaction is from my checking account. I have read this disclosure statement and my signature herewith acknowledges receipt of same. I authorize the credit union to change my automatic ACH debit when requested by me or when loan payment(s) change(s). I understand that a fee will be charged in the event of a returned item or closed account where access is denied (see "Schedule of Fees and Charges" for fee amount). I further understand that a fee will be waived if UCU was notified of the closed account at least three (3) business days prior to the access date. I authorize UCU, if it so chooses, to resubmit a debit returned for the reason of insufficient funds and to originate a second debit transaction for the amount of the fee as specified in the "Schedule of Fees and Charges". This agreement is signed with the full knowledge that preauthorized ACH transactions are not required as a prerequisite to loan approval. I understand that transfers will stop automatically if my loan is paid off. All other transfers will continue until notified by me on a specified form.

Member Signature _____ Date _____

Other Account Owner Signature _____

To transfer to another member's UCU account, the owner of that account must sign this form to initiate the request. UCU cannot reverse a distribution between two separately owned accounts without the written approval of both the sending and receiving parties.

CU Use Only:	Received By (Teller #) / Date /	Input By (Teller #) / Date /
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