

MEMBER INFORMATION

NAME(S)		ACCOUNT NUMBER	
STREET ADDRESS		CITY	STATE ZIP
HOME PHONE	WORK PHONE	CELL PHONE / OTHER	

I (we) hereby authorize Air Force Federal Credit Union, hereinafter called Credit Union, to initiate preauthorized payment entries to my/our account as indicated below. I (we) additionally authorize the credit union and depository financial instruction listed below to initiate debit / credit and adjustment entries for any debits or credits made in error. I (we) acknowledge that the origination of ACH entries to my (our) account must comply with the provisions of U.S. law and that the Credit Union does not originate International ACH Transactions (IAT). I (we) further acknowledge that initial originating entries and changes to existing entries require a **10-day advance notice**.

TRANSACTION AT OTHER PARTICIPATING INSTITUTION (Member completes ALL information)

FINANCIAL INSTITUTION NAME		ROUTING & TRANSIT / ABA#
ACCOUNT NUMBER AT INSTITUTION	TRANSACTION AMOUNT \$	DATE TO BE WITHDRAWN FROM FINANCIAL INSTITUTION will be credited to AFFCU account next business day ___/___/___

(check only one box)

Withdrawal From: Checking Savings **OR** **Deposit To:** Checking Savings **OR** Payment To Loan #

(check only one box)

Frequency (How Often): One-Time Request Weekly (W) Biweekly (B) Monthly (M) Quarterly (Q)
 Semi-monthly (S) – Specify 1st date ___/___/___ Specify 2nd date ___/___/___

TRANSACTION AT AIR FORCE FCU (Check only one box)

Loan Payment to # _____ Deposit to Share # _____ Withdrawal from Share # _____

This authorization is to remain in full force and effect until the Credit Union has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Credit Union and depository a reasonable opportunity to act on it. I am aware, as the "Originator" on this agreement, that I must notify the Credit Union of any changes or any termination of preauthorized payment in writing. I also understand that for regular ACH origination transactions, such as transfers between savings and checking accounts of different institutions, I will be charged a \$4.95 setup fee.

X _____ DATE _____ TELLER# / INITIALS _____
MEMBER / ORIGINATOR SIGNATURE

CANCELLATION / TERMINATION

I wish to cancel this origination/draft effective: ___/___/___

X _____ DATE _____ TELLER# / INITIALS _____
MEMBER / ORIGINATOR SIGNATURE

CREDIT UNION USE ONLY

ORIGINATION:	EFT CANCELLATION:
Processed By: _____ Date Processed: _____	Processed By: _____
Verified By: _____	Processed On: _____
Fee to: _____	Verified By: _____