

Outside Financial Institution Electronic Funds Transfer (EFT) Debit Agreement

I authorize **EXTRA CREDIT UNION (ECU)** to initiate a withdrawal from my account at the financial institution listed below. I understand that if at any time I decide to discontinue this withdrawal, I will notify **ECU** at least **FIVE (5)** business days prior to the date of the next scheduled withdrawal. If withdrawals are made in error, I authorize **ECU** to initiate deposit and/or withdrawal entries to my account to correct the error. I understand this authorization is for domestic transactions only and is applicable to US law.

1. FINANCIAL INSTITUTION NAME FOR WITHDRAWAL: _____

Note: To ensure the correct account number is used for this electronic withdrawal and to obtain the ABA/routing number, please contact your financial institution for assistance.

Routing Number/ABA # _____

Account # _____ Savings Checking

Start Date _____ Final Date (optional) _____

Amount \$ _____ How Often (ex: weekly, monthly) _____

2. EXTRA CREDIT UNION ACCOUNT INFORMATION (Please Print)

Member Name (Print) _____

Account # _____ Savings Checking Loan

Start Date _____ Final Date (optional) _____

Amount \$ _____ How Often (ex: weekly, monthly) _____

Note: The start date must be SIX (6) days from the current date. If the start date falls on a weekend or a federal holiday, the payment will be withdrawn the following business day.

I agree this authorization shall remain in force until I provide **ECU** with written notification to cancel. **ECU** reserves the right to cancel this authorization due to two or more returned transactions. If the withdrawal creates a NSF situation, it is the responsibility of the person named on this authorization agreement to make alternative arrangements for payment or deposit of funds. The withdrawal will continue as scheduled the following cycle.

The following may apply to loan payments. Any overpayment to a loan will be deposited to the regular savings account, and the EFT payment will be cancelled at the time the loan is paid in full.

MEMBER SIGNATURE _____ DATE _____

FOR CREDIT UNION USE ONLY

Employee Name & Cashbox # _____

Date _____

INTERNAL USE ONLY:

Entered By # _____ Date _____

Reviewed By # _____ Date _____