

CUP Federal Credit Union
AUTHORIZATION AGREEMENT TO DEBIT OTHER FINANCIAL INSTITUTION

New Transfer

Cancel Transfer

Change

WITHDRAW FUNDS FROM:

Financial Institution _____			
Branch: _____	City: _____	State _____	Zip: _____
Routing (ABA) Number (Must be 9 digits) _____			
Name on Account: _____		Account # _____	
Debit my (our)	Savings Account	Checking Account	

TRANSFER INFORMATION:

Transfer Amount _____		Limit \$2500)	
Weekly _____	Effective date _____	Bi-weekly _____	Effective Date _____
Monthly	Date(s): _____	Starting in: _____	-
Stop Date (If applicable): _____			
Note:When date selected falls on a weekend or Holiday, the transfer will be made the next business day.			

DEPOSIT FUNDS TO:

Financial Institution:		<u>CUP FEDERAL CREDIT UNION</u>	
Routing #	<u>324377846</u>		
CUP Member Name _____	CUP Account # _____		
Credit my (our): (Select one)	Savings Account	Checking Account	Loan # _____

CHANGE TO CURRENT TRANSFER:

Increase	Decrease	current transfer amount \$ _____	to \$ _____
Change Transfer date from _____ to _____			
Comments: _____			

I (we) CUP FCU Member(s) hereby authorize CUP Federal Credit Union to initiate debit entries to my (our) account indicated above at the financial institution named above. I (we) CUP FCU Member(s) acknowledge that the origination of ACH transactions to my (our) account must comply with provision of U.S. law. This authorization is to remain in full force and effect until CUP FCU has received written notification from me (or either of us) of its termination in such time and in such manner as to afford CUP FCU and the other financial institution a reasonable opportunity to act on it.

Date: _____ Signature: _____

Date: _____ Signature: _____

Teller _____ Member Phone #: _____