

**REQUEST FOR AUTOMATIC DEPOSIT / PAYMENT
TO UFCU FROM ANOTHER FINANCIAL INSTITUTION
30 DAY NOTICE REQUIRED TO INITIATE, CHANGE, OR STOP**

UFCU Employee _____ Ext. _____ Date _____
 Member Name _____ Daytime phone _____
 UFCU Account # _____

NEW

Credit to: Acct. No. _____
 Credit to post at UFCU: _____ Day _____
(January-December) 1st thru 27th (no other days available)

	Suffix		Account number if different
Amount to Savings	_____	\$ _____	_____
Amount to Checking	_____	\$ _____	_____
Amount to Loan	_____	\$ _____	_____
Amount to Loan	_____	\$ _____	_____
Amount to Loan	_____	\$ _____	_____
Total Draft amount		\$ _____	

Draft From: Account Number: _____
 Financial Institution/Routing #: _____ / _____
 Account Name _____

ATTACH VOIDED CHECK FROM ACCOUNT TO BE DEBITED

Authorization

I (We) authorize UFCU to transfer funds as described. I (We) agree to maintain sufficient balances to cover such transfer. I (We) agree that the rights of the Institution with respect to each transfer shall be the same as if it were a withdrawal personally by me (us). I (We) acknowledge and agree that this agreement shall remain in effect until revoked by me (us) or cancelled by UFCU. I acknowledge that my automatic payments are governed by the rules of the Automated Clearing House Association (ACH).

X _____ X _____
(Printed Name) (Printed Name)

X _____ X _____
(Signature) (Signature)

CHANGE / STOP

___ **CHANGE - Effective Date** _____
 Change Amount: From \$ _____ To \$ _____
 Change Date: From _____ To _____
 Change Suffix: From _____ To _____

___ **STOP** Last date to post _____
 Member Signature or Name of Person Making Request _____ Per Phone _____