

# Mower County Catholic Parishes Credit Union

## Authorization for Electronic Funds Transfer

Use this form to transfer from another Financial Institution to ACU/MCCPCU

I authorize **Mower County Catholic Parishes Credit Union** to initiate an ACH debit entry from my

Savings/Shares account at:       Checking/Draft account at:

(Please attach void check)

ACCOUNT HOLDER NAME: \_\_\_\_\_

DEPOSITORY NAME: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_

ROUTING/ABA NUMBER: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

FIRST WITHDRAWAL DATE: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_

One Time     Daily     Weekly     Bi-Weekly     Twice Monthly     Monthly

This is to be credited to my:  Checking/Draft      Account#: \_\_\_\_\_

MCCPCU will credit my account. I understand this authorization will remain in full force and effect until MCCPCU has received **written notification** from me of my termination in such time and manner as to afford the Credit Union a reasonable opportunity to act on it. (The bottom of this form may be used for this revocation.) I agree that MCCPCU shall be fully protected in crediting my account and initiating the debit.

If I have authorized a transfer to a loan account, when the loan is paid off please:

- Continue with the transfer but apply the funds to my savings/share account. (Default)
- Consider my authorization revoke and discontinue this transfer.

If an option is not marked we will automatically apply funds to the savings/share account.

**I agree I received a copy of this authorization from Mower County Catholic Parishes Credit Union.**

\_\_\_\_\_  
Signature of Account Holder

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Signature of MCCPCU Authorized Representative

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(Complete this section when you are revoking this authorization.)

Signature of Account Holder \_\_\_\_\_

I revoke this authorization.                      Date \_\_\_\_\_