TELCO TRIAD
COMMUNITY CREDIT UNION

Telco Triad Community Credit Union

ACH DEBIT AUTHORIZATION

For Automatic Funds Transfers from Other Financial Institutions

☐ Start a new transfer ☐ Update existing transfer ☐ Cancel transfer effective: _____

Member Name	Account Number / Suffix	Loan Suffix

Withdraw funds from:

Financial Institution		
Account number at other financial institution	9 digit routing number	Type of Account ◯ Checking ◯ Savings*

*If a checking account is indicated, a copy of a voided check should be attached to this authorization.

Transfer information:

Transfer Amount: $ _____ Start Date: _____

Frequency (Select only one):

◯ Weekly on M ◯ T ◯ W ◯ TH ◯ F

◯ Bi-weekly on M ◯ T ◯ W ◯ TH ◯ F

◯ **Semi-monthly on _____ and _____

◯ **Monthly on Loan due date _____

◯ **Monthly on (1-28) _____

◯ **Monthly on last day of month

**Payments may be designated for date of 1-28 or last day of the month.

Deposit funds to:

Account number	Type of Account ◯ Checking ◯ Savings - suffix _____ ◯ Loan - suffix _____

I authorize Telco Triad Community Credit Union (TTCCU) to initiate entries to/from the accounts as indicated above. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authorization is to remain in full force and effect until TTCCU has received written notification from me of its termination at least five (5) business days prior to the scheduled date or transfer as to afford TTCCU and the other Financial Institution a reasonable opportunity to act on it. This authorization may be unilaterally terminated by the Credit Union in cases of excessive returns or member abuse. Upon pay-off of this loan, TTCCU will attempt to stop this authorization, however, TTCCU will not accept responsibility for doing so. I understand that upon this loan being paid off or my desire to terminate this authorization to contact TTCCU or the other financial institution to order a revoke for this authorization five (5) business days prior to any further fund transfers. I also understand if the debit is scheduled to occur on a non-business day, the debit will occur on the next business day.

Print Name	Phone #
Signature	Date

To expedite your request, please return the completed form to a branch, or fax it to 712.252.0045. If you are unable to fax or return the form to a branch, you may mail your signed, completed form to us at: Telco Triad Community Credit Union, 3098 Floyd Blvd, Sioux City, IA 51108.

*Some financial institutions will not allow ACH debits from savings accounts, please contact your financial institution to inquire into their policy.

Credit Union Use Only	
Completed / Verified by:	Date:
Entered by:	Date:

RESET