



# TCC CREDIT UNION

## DIRECT PAYMENT/DEPOSIT TO TCC CREDIT UNION

Date: \_\_\_\_\_ Circle one: Add Change Cancel

Start Date: \_\_\_\_\_ 5th \_\_\_\_\_ 10th \_\_\_\_\_ 15th

TCC Credit Union may not start debit entries until 15 days after receipt of this application.

Member Name: \_\_\_\_\_ TCC Account Number: \_\_\_\_\_

I (we) hereby authorize TCC CREDIT UNION to initiate debit entries to my (our) account at the depository financial institution named below. I also authorize the financial institution named below to debit the same to such account as authorized by TCC Credit Union on my (our) behalf.

Financial institution name: \_\_\_\_\_

Account number to be debited: \_\_\_\_\_

Account type to be debited (circle one): Savings Checking

Financial institution routing/transit number: \_\_\_\_\_  
(Attach a cancelled check from the other financial institution.)

Total dollar amount to be debited from financial institution: \$ \_\_\_\_\_

### TCC CREDIT UNION Account(s) to be Credited:

TCC CU Savings: \$ \_\_\_\_\_ TCC CU Loan # \_\_\_\_\_ \$ \_\_\_\_\_

TCC CU Loan # \_\_\_\_\_ \$ \_\_\_\_\_

TCC CU Checking: \$ \_\_\_\_\_ TCC CU Loan # \_\_\_\_\_ \$ \_\_\_\_\_

TCC CU Loan # \_\_\_\_\_ \$ \_\_\_\_\_

Total Dollar Amount Credited to TCC CU: \$ \_\_\_\_\_

This authorization will remain in force until I notify TCC Credit Union in writing of any changes or cancellation of payment. I understand that to make a change, or cancel this transaction, such notice must be received not less than seven (7) days prior to the transaction date. I understand that in the event the transaction is returned from the financial institution, or the information I provide is incorrect, the transaction will be forfeited and it will be my responsibility to make the transaction. TCC Credit Union retains the right to cancel this service any time. I agree to be bound by the Automated Clearing House (ACH) Operating Rules, and all prearranged transactions are subject to applicable provisions of TCC Credit Union's electronic funds transfer agreement. In the event the account I am crediting at TCC Credit Union is (closed) or (paid off), I authorize TCC Credit Union to place the funds into my TCC Credit Union share account.

Member's signature \_\_\_\_\_ Date \_\_\_\_\_

Member's signature revoking this authorization \_\_\_\_\_ Date \_\_\_\_\_