

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION FORM

New ACH

Change to Existing ACH

Name on the account at the other Financial Institution: _____

Name of the other Financial Institution: _____

Option 1 - Checking Account Information

- Please withdraw the funds from my Checking Account**
- Please deposit the funds to my Checking Account**

PLEASE ATTACH A VOIDED CHECK FOR ACCOUNT NUMBER VERIFICATION

Worldwide Electric 123456
12300 Power Drive
Your City, USA 12345 Date _____ 12-3456/7890

Pay _____

Liberty Bank
1 Main Street
Anywhere, USA 12345

Memo _____

⑆ 2 3 4 5 6 7 8 9 0 ⑈ ⑆ ⑆ 2 3 4 5 6 7 8 9 0 ⑈ ⑆ ⑆ 2 3 4 5 6 7 8 9 0 ⑈ ⑆

Routing # _____ Account # _____ Check # _____

Routing & Transit Number _____ Account # _____

Option 2 - Savings Account Information

- Please withdraw the funds from my Savings Account**
- Please deposit the funds to my Savings Account**

Account # _____

Routing & Transit Number _____

Initial Amount: _____ (This amount is subject to change on adjustable rate loan payments made to PFCU.)

Funds to be withdrawn or deposited:
 Monthly on the (please circle one) 1ST, 5TH, 15TH, LDM*, beginning on _____, 20___
 Semi Monthly on the (please circle one) 1st & 16th or 15th & LDM*, beginning _____, 20___
 Weekly (Every Friday)beginning on _____, 20___
 Bi Weekly (Every other Friday) beginning on _____, 20___

Savings Acct #	Amount \$	Savings Acct #	Amount \$
Checking Acct #	Amount \$	Checking Acct #	Amount \$
Loan Acct#	Amount \$	Loan Acct#	Amount \$

Authorization Agreement

I hereby authorize Partnership Financial Credit Union to initiate withdrawals/deposits electronically from/into my Financial Institution. This authorization is to remain effective until Partnership Financial Credit Union has received written notification from me of its termination. Notice should be received in time and in such a manner as to afford Partnership Financial Credit Union a reasonable opportunity to act on it. Partnership Financial Credit Union reserves the right to cancel this agreement at any time without prior notice. A return fee may be applied to any returned items. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law and ACH Rules.



Signature of Account Owner

Date

Office Use Only: Batch Name _____ Group Code _____ Empl Init _____

*LDM-Last Day of Month