

**IBEW & United Workers Federal Credit Union**  
**AUTHORIZATION AGREEMENT**  
**AUTOMATIC DEPOSITS (ACH CREDITS)**

Credit C.U. Account

I (we) hereby authorize **IBEW & United Workers FCU**, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit and/or debit the same to such account.

**Debit:** \_\_\_\_\_  
 (Financial Institution Name) (Branch)

\_\_\_\_\_  
 (Address) (City/State) (Zip)

\_\_\_\_\_  
 (Routing Number) (Account Number) (Transaction Date)

Type of Acct: Checking \_\_\_\_\_ Savings \_\_\_\_\_

This authority is to remain in full force and effect until **IBEW & United Workers FCU** has received written notification from me (or either of us) of its termination in such time and manner as to afford **IBEW & United Workers FCU** and FINANCIAL INSTITUTION a reasonable opportunity to act on it. **IBEW & United Workers FCU** reserves the right to complete reversals and/or debits to correct errors and overpayments.

**Credit:** \_\_\_\_\_  
 (Print Individual Name) (IBEW & United Workers FCU Account Number)

Type of Acct: Checking \_\_\_\_\_ Savings \_\_\_\_\_ Invest \_\_\_\_\_ Loan \_\_\_\_\_ (choose one)  
 Suffix ( ) Suffix ( )  
 Amount \$ \_\_\_\_\_

\_\_\_\_\_  
 (Signature)

\_\_\_\_\_  
 (Date)

**Transaction Frequency**

One Time	Daily	Weekly	Bi-Weekly	Monthly	Quarterly	Annually
_____	_____	_____	_____	_____	_____	_____
Date		Day of Week	Day of Week	1 <sup>st</sup> - 31 <sup>st</sup>	Date	Date

**PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM!**