



ACH ORIGATION SETUP

I hereby authorize Workers Credit Union, to initiate debit entries to my account indicated below and the financial institution named below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law.

Member Name

Phone Number

Address

City/State

Zip Code

Member Signature _____ Date _____

DEBIT AUTHORIZATION

Amount of Debit \$

Date on which the account will be debited

Name of Financial Institution to be debited

Routing/Transit #

Account # to be debited

Checking

Savings

Frequency of Debit

One Time

Weekly

Monthly

CREDIT AUTHORIZATION

Amount of Credited \$

Checking

Savings

Loan

Name of Financial Institution to be credited

Routing/Transit #

Account # to be credited

Name on the account if different from above

*****IMPORTANT** Please Read: This authority is to remain in full force and effect until Workers Credit Union has received written notification from me (or either of us) of its termination or change in such time and manner as to afford Workers Credit Union a reasonable opportunity to act on it. Workers Credit Union is NOT responsible for fees incurred for not canceling in time.***

Initial that I have read the above statement