



Alabama Telco
Credit Union

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)
FROM ANOTHER FINANCIAL INSTITUTION**

I authorize Alabama Telco Credit Union to initiate monthly electronic debit entries to my account listed below.

_____		_____	
<i>(Financial Institution Name)</i>		<i>(Branch)</i>	
_____		<i>Acct Type:</i>	<input type="checkbox"/> <i>Checking</i> <input type="checkbox"/> <i>Savings</i>
<i>(Routing/Transit Number)</i>	<i>(Account Number)</i>	<i>(Check One)</i>	

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

I further agree that Alabama Telco Credit Union shall be under no liability, if such a charge were dishonored whether with or without cause and whether intentionally or inadvertently.

I understand that if this transaction is returned to Alabama Telco Credit Union unpaid, a return fee may be charged to my Alabama Telco Credit Union account.

This authority will remain in effect until Alabama Telco Credit Union has received written notification from me of its termination.

_____	_____	_____	_____
<i>(ATCU Member Number)</i>	<i>(Loan Number)</i>	<i>(Savings Number)</i>	<i>(Amount)</i>

Please withdraw the amount listed above on the date indicated: (Check One) 1st 15th

Start Date: _____

_____	_____
<i>(Print Individual Name)</i>	<i>(Signature)</i>

(Date)

Please return this form to:
ALABAMA TELCO CREDIT UNION
ATTN: MEMBER SERVICE
P.O. BOX 360287
BIRMINGHAM, AL 35236

FAX: (205) 985-2824
EMAIL: callcenter@alatelco.org

PLEASE ATTACH COPY OF VOIDED CHECK

FOR CREDIT UNION USE ONLY CU Employee: _____

Rec'd Date: _____ Branch: _____

Additional Information: _____