

TYNDALL FEDERAL CREDIT UNION
PO Box 59760
Panama City, FL 32412-0760
(850) 769-9999 Fax (850) 747-4215

New Change

Member # _____

**AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED PAYMENTS TO TFCU
(ACH CREDITS TO TFCU)**

I (We) hereby authorize TYNDALL FEDERAL CREDIT UNION, herein after called TFCU, to initiate ACH AUTOMATIC WITHDRAWALS in the amount of _____ from my (our) checking or savings account indicated below at the Depository Financial Institution named below, hereinafter called DFI, to TFCU. These ACH AUTOMATIC WITHDRAWALS from the DFI will be applied to my (our) TFCU Share Loan Suffix # _____ and will be initiated (indicate FREQUENCY) Monthly or Semi-Monthly or Bi-Weekly beginning (date) _____. I (We) understand that I (we) will be charged a fee per the Rate and Fee Schedule each time an ACH AUTOMATIC WITHDRAWAL entry is returned.

DFI (Other Financial Institution Name) _____ Branch _____
City _____ State _____ Zip Code _____
Routing Number _____ Account # at Other Financial Institution _____

This authorization is to remain in full force and affect until TFCU has received written notification from me (or either of us) of its termination at such time and in such manner as to afford TFCU and the DFI up to 10 business days to act on it. Originated entries that are returned to TFCU may be reinitiated no more than 2 times after initial return. If an ACH Origination item is deleted, a new form must be completed by the member to reinstate the transaction.

Name(s) _____ Driver's License or ID Number _____
(Please Print)
Signature _____ Date _____
Signature _____ Date _____

Sign Below for Cancellation Only

Please cancel the above automatic ACH Credit Authorization. I understand this may take up to 10 business days to become effective.

Signature _____ Date _____

Prepared By _____	Branch _____	Ext: _____
-------------------	--------------	------------