

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 FROM TFCU
(ACH DEBIT FROM TFCU)**

I (We) hereby authorize TYNDALL FEDERAL CREDIT UNION, hereinafter called TFCU, to initiate debit entries in the amount of \$ _____ from my (our) TFCU Account # _____ checking or savings to my (our) checking or savings account indicated below at the Depository Financial Institution named below, hereinafter called DFI. These debit entries 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 of \$20.00 each time an ACH debit entry is rejected due to non-sufficient funds.

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 5 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 Debit authorization. I understand this may take up to 5 business days to become effective.

Signature _____ Date _____

For TFCU Use Only		
Prepared By: _____	Branch: _____	Ext: _____