



250 Murphy Rd, Hartford, CT, 06114 | 860.560.9036 Option 3

Authorization for ACH Transfer

New Change Delete

I (We) hereby authorize **METROPOLITAN DISTRICT ECU** to initiate debit/credit entries to my (our) account(s) as indicated below and the financial institution name below, hereinafter called Financial Institution, to debit/credit the same to such account. I (we) agree to have available funds in my (our) account on the designated date to effect this transfer. I (we) agree to pay any applicable fees for this service as disclosed in the Fee Schedule. This authority will remain in effect until I (or either of us) notify the bank in writing at least one week prior to the next settlement date. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. Law.

Debit Information:

Bank Name: _____
Routing Number: _____ **Account Number:** _____
Account Type: **Checking** **Savings**

Credit Information:

Bank Name: _____
Routing Number: _____ **Account Number:** _____
Account Type: **Checking** **Savings** **Loan**

Start Date: _____ **Frequency:** Monthly Weekly
Amount: \$ _____

Metropolitan District Employees' CU will make every effort to complete this transfer; unless circumstances beyond our control prevent the transfer from occurring, despite reasonable precautions that we have taken. All terms and conditions of your account agreement apply to this agreement.

Primary Member Print Primary Member Signature Date

Joint Member Print Joint Member Signature Date

I hereby authorize **METROPOLITAN DISTRICT ECU** to cancel the above described automatic entry effective _____

Member Signature: _____