Authorization Agreement for Automated Transfers (ACH Debits and Credits)

METROPOLITAN DISTRICT EMPLOYEES' CU
250 Murphy Road
Hartford, CT, 06114
Phone: 860-560-9036
www.mdecu.org

TRANSFERS BETWEEN ACCOUNTS AT OUR CREDIT UNION

1

Member Name or Business Member Name | **From** (Member No) | Sub No | **To** (Member No) | Sub No | Amount

Start Date

☐ **One Time** ☐ **Recurring** | ☐ Monthly ☐ Semi-Monthly ☐ Weekly

TRANSFERS BETWEEN ACCOUNTS AT OUR CREDIT UNION & ACCOUNTS AT OTHER DEPOSITORY INSTITUTIONS

INFORMATION ABOUT THE ACCOUNT AT OUR CREDIT UNION

2

Member Name or Business Member Name | Member Number | Account Number | Today's Date

Primary Phone | Address | City | State | ZIP

Account Type ☐ Checking ☐ Savings ☐ Credit Card (one time ACH only)

INFORMATION ABOUT THE ACCOUNT AT THE OTHER DEPOSITORY INSTITUTION

3

Depository Institution | Name on Account | Routing Number | Account Number

Institution Address | City | State | ZIP

Account Type ☐ Checking ☐ Savings

☐ ONE-TIME ONLY TRANSFER INFORMATION

4

☐ **Debit Entry**
(from the Other Depository Institution to our Credit Union)

☐ **Credit Entry**
(from our Credit Union to the Other Depository Institution)

Amount in U.S. $ | Date of Transfer

☐ RECURRING TRANSFER INFORMATION

5

☐ **Debit Entry**
(from the Other Depository Institution to our Credit Union)

☐ **Credit Entry**
(from our Credit Union to the Other Depository Institution)

Amount in U.S. $ | Start Date

Frequency

☐ Monthly on the _____ (date) of each month

☐ Semi-Monthly on the _____ (date) and the _____ (date) of each month

☐ Weekly on _____ (day of the week)

AUTHORIZATION FOR THE AUTOMATED TRANSFER

6

For recurring debits, this authorization is to remain in full force and effect until the Credit Union has received written notice from me at least three days prior to its termination. For one-time only debits, the debit will occur on the date listed above. I acknowledge that the origination of ACH transactions to my account must comply with U.S. law. I understand and agree that in order for the Credit Union to originate the ACH entries requested in this authorization, I must have the payment amount available in the account from which the funds will be taken.

Print Name | Signature | Date

TERMINATION OF THE AUTOMATED TRANSFER

7

I hereby terminate my authorization for the ACH entries described above.

Print Name | Signature | Date

OFFICE USE ONLY

CU Employee Name | Approved by | Date | ☐ Reviewed | CLEAR

8