

The Local Credit Union - ACH Debit (Withdrawal) Authorization

Your Name: _____ Your Member #: _____

Hourly Employee Salary Employee

Withdrawal (Debit) Transaction Information – Take my money from:

Financial Institution Name: _____

Routing Number: _____ Account No.: _____

Account Type: Checking Savings

Amount: \$ _____

Frequency: Weekly Bi-Weekly Monthly
(M-F) _____ (M-F) _____ (1-31) _____

Start Date: _____

Deposit money to The Local Credit Union to:

Savings Checking Loan **OR** *Just use what was set up in PRD*

Terms and Conditions

I, the undersigned account holder, hereby instruct The Local Credit Union, hereafter called "TLCU", to electronically debit my account the above transaction(s) and, if necessary, electronically credit my account to correct erroneous debits. Transaction dates that fall on a non-business day will be posted the following business day.

I understand that this authorization will remain in full effect until TLCU is notified **in writing or by telephone** at the below address that the authorization is revoked. I further acknowledge that TLCU needs **three (3) days** prior notice in order to cancel this authorization.

I understand that TLCU is not responsible for any fees, penalties or late charges, which may arise when funds are not available and the ACH debit is rejected. I also acknowledge that any rejected debits may be resubmitted, and a **\$30.00 charge** will be assessed to my account each time a transaction is rejected unpaid and may also be **deducted separately** from the Depository account listed above.

I also understand that if a change or cancelation is requested this form supersedes any previous form(s) on file.

THIS FORM ACKNOWLEDGES MY REQUEST FOR THE ELECTRONIC DEBIT(S) AND CHARGES LISTED ABOVE. I, THE ACCOUNT HOLDER AGREE THAT THE ACH TRANSACTIONS I AUTHORIZE COMPLY WITH ALL APPLICABLE LAW AND THAT THE SIGNATURE BELOW IS MY OWN PROPER SIGNATURE.

Signature

Date

39139 Mound Road, Sterling Heights, MI 48310
(586)264-1212 / (800) 974-6478 / Fax (586)264-9447

www.TheLocalCreditUnion.com / loans@TheLocalCreditUnion.com / info@TheLocalCreditUnion.com

for Credit Union use only

Date Auth Received: _____

Revocation Received: _____

Employee _____

Share/Loan ID _____

First Date _____

Final Date _____