



## Authorization For Direct Deposit

Through the use of **Pre-Authorized Direct Payments**, you can now make your loan payments automatically from your checking or savings account-without writing a check and mailing your payment. Each month, we will deduct your payment from your bank account on the date you indicate. **Please note that there is a \$25.00 return item fee if the debit is returned for non-payment**

**PLEASE CHECK ONE:**

\_\_\_\_\_ New Deduction      \_\_\_\_\_ Change Deduction      \_\_\_\_\_ Savings

Name: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_

Address: \_\_\_\_\_  
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I, \_\_\_\_\_, authorize the VATAT Credit Union to initiate debit entries to my \_\_\_\_\_ Checking or \_\_\_\_\_ Savings account at the depository financial institution named below.

TO:  **or** FROM:  Bank Name: \_\_\_\_\_ Type: Checking  Savings

Routing#: \_\_\_\_\_ Account# \_\_\_\_\_

TO:  **or** FROM:  VATAT CU Account# \_\_\_\_\_

Start Date: \_\_\_\_\_ Amount to be debited \$ \_\_\_\_\_

**Please select day of month for transaction:    5<sup>th</sup>    17<sup>th</sup>    27<sup>th</sup>    28<sup>th</sup>    One Time**

This authorization is to remain in full force and effect until VATAT Credit Union has received notification from me of its termination in such time and in such manner as to afford the Credit Union to act on it. I may revoke my authorization at any time by providing written notification via letter or by completing an Authorization for Direct Deposit form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*\*PLEASE STAPLE A VOIDED CHECK OR DEPOSIT SLIP TO THIS FORM\*\*\*\***

**Please return form via mail, fax, or scan and email it.**

**FOR CU USE ONLY**

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

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