

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

I authorize the VATAT Credit Union to initiate debit entries to my _____ Checking or _____ Savings Account indicated below at the depository financial institution named below and to debit the same such account. I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Name: _____ Social Security#: _____

Address: _____ City/State/Zip: _____

TO: FROM: Bank Name: _____ Type: Checking Savings

Routing#: _____ Account# _____

TO: FROM: VATAT CU acct# _____

Start Date: _____ Amount to be debited \$ _____

Circle one: 5th 17th 27th 28th 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. I agree to comply with ACH Rules, and the credit union has the right to terminate or suspend the agreement if ACH Rules are breached.

Signature: _____ Date: _____

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

Processed by: _____ Date: _____

614 East 12th Street ** Austin, TX 78701 ** (512) 472-3258 ** Fax: (512) 617-8218