

VATAT CREDIT UNION
 614 E. 12th STREET
 AUSTIN, TX 78701

**AUTHORIZATION FOR AUTOMATIC
 PAYMENTS (ACH CREDITS)**

Date	Member Number	<input type="checkbox"/> New	<input type="checkbox"/> Change	<input type="checkbox"/> Cancel
Member Name				

I hereby authorize VATAT Credit Union to initiate credit entries and to initiate if necessary, debit entries and adjustments for any credit entries in error to my account.

(check all that apply)

	Account No.	Credit Amount
<input type="checkbox"/> Regular Share Account	Account No.	\$
<input type="checkbox"/> Share Draft Account	Account No.	\$
<input type="checkbox"/> Loan Account	Account No.	\$
<input type="checkbox"/>	Account No.	\$
Total amount to be credited:		\$
Frequency:		<input type="checkbox"/> One-time _____
		<input type="checkbox"/> 5 th Day of each month _____
		<input type="checkbox"/> 12 th Day of each month _____
		<input type="checkbox"/> 17 th Day of each month _____
		<input type="checkbox"/> 21 st Day of each month _____
		<input type="checkbox"/> 28 th Day of each month _____
Beginning on:		

Funds for this Automated Payment (Deposit) will be withdrawn from my (check one): Share Draft Account Share Savings Account
A voided check is required. Please attach to this form.

Bank Name	Routing Number	Account Number
Bank Address		
Branch Name		
Branch Address		

This authorization will remain in effect until the credit union has received written notice from me of its termination in such time and in such manner as to afford the credit union a reasonable opportunity to act.

Member Signature	Date
X	

Credit Union Use Only		
Credit Union Representative Signature	Date	Employee No.
X		
Comments:		