

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION FORM

	New	АСН
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Name on the account at the other Financial Institution:

Name of the other Financial Institution:

Option 1 - Checking Account Information

	Please withdraw	the funds from	my Checking Account
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Please withdraw the funds from my Savings Account

Worldwide Electric		123456
12300 Power Drive Your City, USA 12345	Date	12-3456/7890
Рау		
Liberty Bank 1 Main Street Anywhere, USA 12345 Memo		
01234567891.,****	012345678904#***	012345678944****
Routing #	Account #	Check #

Routing & Transit Number Account

Initial Amount: (This amount is subject to change on adjustable rate loan payments made to PFCU.) Funds to be withdrawn or deposited:

Monthly on the	_beginning on	·	
Semi Monthly on the	beginning on		
Weekly Every Friday beginning on			
Bi Weekly every other Friday beginning on .			
Loan Acct #	Amount \$		
T A			
Loan Acct #	Amount \$		

Authorization Agreement

I hereby authorize Partnership Financial Credit Union to initiate withdrawals/deposits electronically from/into my Financial Institution. This authorization is to remain effective until Partnership Financial Credit Union has received written notification from me of its termination. Notice should be received in time and in such a manner as to afford Partnership Financial Credit Union a reasonable opportunity to act on it. Partnership Financial Credit Union reserves the right to cancel this agreement at any time without prior notice. A return fee may be applied to any returned items. I understand the payment may vary based principal balance changes, interest rate adjustments or escrow adjustments (if applicable). Future payments may increase based on principal balance changes, interest rate adjustments or escrow adjustments. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law and ACH Rules.

Signature of Account Owner	Date	_
Office Use Only: Batch Name	Date	Empl Init