



12020 Rojas Drive
 El Paso, Texas 79936
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AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT

Member Name: _____ Member #: _____ Employee : _____

New Authorization Decrease existing transfer Branch: LOMALAND

Change transfer date Increase existing transfer Cancel

Transfer From: Institution Name: _____
 Account #: _____ Savings
 Routing#: _____ Checking
 Phone#: _____

Transfer To: Institution Name: _____
 Account#: _____ Savings
 Routing#: _____ Checking
 Phone#: _____ Loan

TRANSFER INFORMATION

Start Date: _____ Transfer Amt: _____

Weekly Bi-Weekly Semi-monthly Monthly

Change Transfer Date From: _____ To _____

I (We) authorize the credit union to transfer funds as described above. I (We) agree to maintain sufficient funds to cover such transfer, otherwise a \$30.00 insufficient fee will apply along with a \$30.00 loan reversal fee if a loan payment has to be reversed. I agree that the rights of the credit union with respect to each transfer shall be the same as if it were a withdrawal personally signed by me. I acknowledge and agree that the credit union retains the right to require 10 business days notice in writing, of any intended withdrawal from my account or to terminate service. This agreement shall remain in effect until revoked by me or cancelled by the credit union. I acknowledge that my automatic payments are governed by the rules of the Automated Clearing House and any ACH entries may not be initiated that violate the laws of the U.S. I further acknowledge receiving a copy of this authorization and that the requirements are clear and readily understandable.

Date: _____ Signature: _____