



Member Services: (626) 799-6000
Fax: (626) 799-5382

Transfer of Funds Authorization Agreement
Pre-Authorized Payments (ACH Debits) *or* Automatic Deposits (ACH Credits)

Name: _____ Member #: _____

I (We) authorize E-Central Central Credit Union, hereafter called ECCU, to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) Checking Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY to credit and/or debit the same to such account.

Transfer from my account at:		
Institution Name: _____	Location / Branch: _____	
Routing #: _____	Account #: _____	
Amount: \$ _____		
Please Check Appropriate Box		
<input type="checkbox"/> Initiate	<input type="checkbox"/> Change	<input type="checkbox"/> Cancel
Select Day of Month to Initiate Debit:		
<input type="checkbox"/> 5 th	<input type="checkbox"/> 10 th	<input type="checkbox"/> 15 th <input type="checkbox"/> 20 th <input type="checkbox"/> 25 th
Choose Frequency of Debit:		
<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly <input type="checkbox"/> One-Time
Start Date: _____	Stop Date: _____	
Attach a Deposit Slip or Voided Check		

Transfer to ECCU Member # _____ Savings Checking Other _____

Please allow us 14 days to process your request. Remember to deduct the amount of your payment(s) from your account register.

I (We) understand that it is my (our) responsibility to change the amount of this transfer if the amount of the loan payment changes for any reason. I (we) understand that if sufficient funds are not in the indicated account, my payment will not be made and I (we) will be responsible for making the payment. I (we) further understand that a fee may be charged to my (our) ECCU account if the funds are not available for transfer on the specified date. I (we) understand that ECCU reserves the right to cancel this agreement and terminate this transfer, with or without cause, followed by a written notification to me (us). I (we) understand and agree that ECCU shall not be responsible for any act or failure to act on their part except in the cast of gross negligence or willful misconduct. Further, I (we) agree to hold ECCU harmless from any claims, liabilities, attorneys and other costs and expenses of any and every kind and nature, which I (we) may incur as a result of ECCU's performance under this authorization agreement. This authorization will remain in full force and effect until ECCU has received written notification from me (us) of its termination in such time and in such manner as to afford ECCU and depository a reasonable opportunity to act on it.

Signature: _____ Date: _____

Joint Signature: _____ Date: _____

Internal Use Only:	Effective Date: _____
Processed by: _____	