

Walker County Educators Federal Credit Union
Authorization for ACH

Customer Information:

Name: _____
Please print or type

Last Four of SSN: _____

I authorize Walker County Educators Federal Credit Union to electronically debit my account as follows:

{ } Checking Account or { } Savings Account

I understand that, if necessary, an adjusting debit or credit may be made to my account to correct an error.

I also authorize the financial institution name below to credit and/or debit my account for the correcting entries. I duly certify that I am an authorized signed of said account and have the right to enter into this agreement.

Account Information:

Account Name: _____

Name of Bank: _____

City/State: _____

Bank Routing Number: _____

Account Number: _____

I understand that this authorization will remain in full force and effect until I notify Walker County Educators Federal Credit Union in writing that I wish to revoke this authorization. I understand that Walker County Educators Federal Credit Union requires at least 10 days prior notice in order to cancel this authorization.

Signature of account owner

Date

PLEASE ATTACH A VOIDED CHECK.