

Preauthorized Withdrawal Election Form

I elect to make the following change(s) to my Preauthorized Withdrawal:

Change
 Discontinue
 New

I elect to make the following change(s) to the way my preauthorized withdrawal is being distributed to my account(s):

Account Number:	Amount to be applied:
	\$
	\$
	\$
	\$
	\$
TOTAL DEDUCTION:	\$

I elect to change the day of the month that funds are withdrawn from my checking or savings account:

2nd
 16th

Printed Name

Signature of Member

Date

*****Notice*****

- Any changes made within 10 days of previously elected dates will not be effective until the following month.
- If for any reason the funds are not available in your account on your designated transaction date, a \$30.00 return fee will be added to the principal balance of your current loan. Unless otherwise notified, we will process your withdrawal on our next specified transaction date. Please make note of our transaction dates listed above.

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.