



**AGREEMENT FOR AUTOMATIC TRANSFER
TO ANOTHER FINANCIAL INSTITUTION**

To initiate this service, simply return the completed form and include a voided check of the account you wish to draft. Please allow 14 business days for your transfer to become effective. In the meantime, please continue to make your regular payments.

Member Information	Name:	TTCU Member Number:
Type of Account (check only one): <input type="checkbox"/> savings <input type="checkbox"/> checking	Daytime / Cell Phone Numbers:	

Transfer Information	Amount:	Start Date:
Select a payment option from the following: <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly, Last Day <input type="checkbox"/> Biweekly <input type="checkbox"/> Semi-Monthly (14 th & 28 th) <input type="checkbox"/> Monthly (1 st – 28 th) <input type="checkbox"/> Semi-Monthly, Last Day (15 th & end of month)		

Financial Institution Information	Name of Financial Institution:	Financial Institution Phone Number:
Type of Account (check only one): <input type="checkbox"/> savings <input type="checkbox"/> checking <input type="checkbox"/> loan <input type="checkbox"/> other	Name(s) on Account: Account Number:	9-digit Financial Institution Routing Transit Number / ABA#:

I HEREBY AUTHORIZE TTCU TO DISTRIBUTE MY FUNDS AS DIRECTED. This authority is to remain in full force and effect until TTCU Federal Credit Union ("TTCU") has received written notification from me of its termination in such time and manner as to afford TTCU a reasonable opportunity to act on it.

I agree to be bound by the rules governing Automated Clearing House ("ACH") transfers and acknowledge that entries may not be initiated that violate the laws of the United States. I understand that I may not originate an international ACH transaction. I also authorize TTCU to make any debit or credit entries and adjustments necessary to correct entries made in error to my account and authorize the named institution to honor the same. I understand and agree that in order for TTCU to make any such debit entries requested in this authorization, I must have the payment amount available in my account. I may incur a returned item fee if the ACH item is returned. If an item is returned three times in a row, TTCU has the right to cancel this authorization.

Signature _____

Date _____

<p>ATTACH VOIDED CHECK HERE Attach a check from other financial institution account. No temporary checks.</p>	<p>Mail completed information to TTCU Federal Credit Union Attn: Payment Solutions Department P.O. Box 4999 Tulsa, OK 74159-0999 Or fax to 918.747.2976</p>
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CREDIT UNION USE ONLY

Instructions Received by:

Date:

Time: