

**AGREEMENT FOR AUTOMATIC TRANSFER OPTION
FROM ANOTHER FINANCIAL INSTITUTION**



We offer automatic bank draft whereby your payments can be electronically transferred directly to us each month. This service is **FREE** to you. It will **SAVE** you time and money by reducing the hassle of mailing payments – no more stamps!

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.

If you have any questions, please contact Payment Solutions Department at 918-749-8828 or 1-800-234-8828, ext.2112

CANCEL (By marking this box, you are canceling the automatic transfer listed below.) PLEASE SPECIFY MONTH & DATE

Name	TTCU Member Number
Street Address	Type of Account (please check only one) <input type="checkbox"/> savings _____ <input type="checkbox"/> checking _____ <input type="checkbox"/> loan _____ <input type="checkbox"/> other _____
City, State, Zip Code	Daytime /Cell Phone Number

Select payment option from the following: M=Monthly (1st – 28th), BW=Biweekly, ML=Monthly Last Day, SL=Semi-Monthly Last (15th & end of Month), SM=Semi-Monthly (14th & 28th), W=Weekly **PLEASE SPECIFY MONTH & DATE TO BEGIN**

M _____ \$ _____ BW _____ \$ _____ ML _____ \$ _____
 SL _____ \$ _____ SM _____ \$ _____ W _____ \$ _____

I authorize TTCU to initiate electronic debit and/or credit entries to my account listed below, and I request and authorize the financial institution named below to accept and honor the same. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I understand I may not originate an international ACH transaction. This authorization will remain in full force and effect until 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. In the event of an error, I give my permission for the correcting debit/credit entry to be made. 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.

TTCU has the right to terminate or suspend the agreement for breach of the Rules within 10 banking days.

TTCU has the right to audit the Originator's compliance with the origination agreement and rules.

Financial Institution Information	
Name of Financial Institution	Financial Institution Phone Number
Name(s) on Account	Account Number
Type of Account (please check only one) <input type="checkbox"/> savings <input type="checkbox"/> checking	9-digit Financial Institution Routing Transit Number/ABA#
Signature/Date (must be an authorized signer on the above named account)	

<p>ATTACH VOIDED CHECK HERE (No temp check) (i.e. from other financial institution account)</p>	<p>Mail completed information to:</p> <p style="text-align: center;">TTCU Attn: Payment Solutions Department PO Box 4999 Tulsa, OK 74159-0999</p>
	<p style="text-align: center;">Or fax to: 918-747-2976</p>
	<p>Operator Name</p>