



9815 E. 81<sup>st</sup> ST.  
 Tulsa, OK 74133  
 P.O. Box 477550  
 Tulsa, OK 74147

## AGREEMENT FOR AUTOMATIC TRANSFER To Another Financial Institution

### MEMBER INFORMATION

Member Name:	Member Number:	Share Type:
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### TRANSFER INFORMATION

Amount:	Select Payment Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly _____ <div style="text-align: right; font-size: small;">(list 2 days of the month)</div>
Start Date:	

### FINANCIAL INSTITUTION INFORMATION

Name of Financial Institution:	Name(s) on Account:
9-digit Routing/ABA Number:	Type of Account: <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Loan <input type="checkbox"/> Other _____
Account Number:	

**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.

**ATTACH ACCOUNT VERIFICATION HERE:**

- Attach a VOIDED check from the other financial institution account. No temporary checks.
- For **Business Accounts** if the name is not listed on the check then please provide proof showing that you are a signer on the account.
- For savings accounts please provide proof showing that you are a signer on the account.

Send completed information to:

Mail:  
 TTCU Federal Credit Union  
 Attn: Payment Solutions Department  
 P.O. Box 477550 Tulsa, OK 74147

Fax: 918-747-2976

Email: [paymentsolutionsdept@ttcu.com](mailto:paymentsolutionsdept@ttcu.com)

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date