



**ELECTRONIC FUNDS TRANSFER SETUP REQUEST**

Account Number

Name (Please Print)

New      Cancel      Change, please specify the change

**Authorization:** I request and authorize Credit Union ONE to draw by electronic funds transfer from the bank account named below, to my Credit Union ONE account listed below. I understand that if the debit amount stated below is for payment to a loan, all payments due will be drawn and applied to the loan identified below. All transfers will continue until, the obligation is paid in full, or until Credit Union ONE receives written notice of revocation of Member's/Borrower's authorization in the manner specified in paragraph 3. **Revocation:** The Member/Borrower may revoke this authorization at any time by delivering written notice to Credit Union ONE to the attention of the Accounting Department. Such notice shall be effective 7 days after received. Credit Union ONE may revoke this authorization at any time by delivering written notice to the Member/Borrower and shall be effective immediately

**My Other Institution Information:**

Credit Union ONE will (check one)

Send Money to

Receive Money from

Name of Financial Institution:

Routing and Transit # \_\_\_\_\_ Account # \_\_\_\_\_ Savings      Checking

Name on Account: \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Signature of Authorizing Party

Date

**Credit Union ONE Account Information:**

Credit Union ONE will (check one):

Withdraw Money from

Deposit Money to

Apply Payment

to Account # \_\_\_\_\_

Account Type: \_\_\_\_\_

Effective Date of Transfer: \_\_\_\_\_

Amount \$ \_\_\_\_\_

Frequency (check one):      Monthly      Bi-weekly      Weekly      15th and last day of the month

Day of the week (if applies): \_\_\_\_\_ (Required for weekly, bi-weekly)