

\_\_\_ Payment/In Flow of Funds to CU      \_\_\_ Deposit/Out Flow of Funds from CU

I, \_\_\_\_\_ authorize SEG Federal Credit Union to originate a pre-authorized payment per the following instructions:

Receiving Financial Institution (RFI): \_\_\_\_\_

RFI ABA#: \_\_\_\_\_

RFI Account #: \_\_\_\_\_

\_\_\_ Checking \_\_\_ Savings \_\_\_ Loan

Amount: \$ \_\_\_\_\_ Beginning Date: \_\_\_\_\_

Frequency:

\_\_\_ Monthly on \_\_\_\_\_ (day of the month)

\_\_\_ Weekly on \_\_\_\_\_ (day of the week)

\_\_\_ Semi-monthly on \_\_\_\_\_ and \_\_\_\_\_ (fill in both dates)

\_\_\_ Bi-weekly on \_\_\_\_\_ (fill in the day of the week)

\_\_\_ One Time      Effective Date \_\_\_\_\_

Credit Union Transaction: \_\_\_ Withdrawal      \_\_\_ Deposit

\_\_\_ Checking \_\_\_ Savings \_\_\_ Loan

Member Account Number at CU \_\_\_\_\_ SS#/ID \_\_\_\_\_

I am aware, as the Originator” on this agreement, that I must notify the “Originating Depository Financial Institution”, SEG Federal Credit Union, in writing, of any changes or any termination of pre-authorized payment.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(CU Employee Printed Name)

\_\_\_\_\_  
(Date)

Faxed to TSCCU on \_\_\_\_\_ by \_\_\_\_\_  
(Date) (CU Initials)