

Preauthorized Withdrawal Authorization Form

We now have the ability to draft your account electronically for your payment. Please complete the information below to receive this service

Agreement

I hereby authorize and request Walker County Educators FCU (the "originator") to initiate an electronic charge to the account described below. This authorization is to remain in effect until revoked by written request, allowing the originator sufficient notice to allow adequate time to effect the revocation.

Account: Bank Name _____

Bank Routing # _____

Bank Account # _____

Is this account [] checking or [] savings

Please attach a voided check.

Business Name

Signature

Printed Name of Signer

Date

Specification of Funds from Preauthorized Withdrawal

I have agreed to have funds withdrawn from my checking or savings account by preauthorized withdrawal. Listed below is a detail of how I want my funds distributed to my account(s) at **Walker County Educators FCU**:

Account Number:	Amount to be applied:
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL DEDUCTION:	\$

Please indicate the day of the month that you wish to have the funds withdrawn from your checking or savings account:

2nd

16th

30th

Signature of Member

Date

*****Notice*****

- We *must* be notified 10 days prior to your transaction date, if you need to make any corrections to your withdrawal.
- If for any reason the funds are not available in your account on your designated transaction date, a \$4.00 return fee will be taken from your share account or you will be billed the fee. Unless otherwise notified, we will process your withdrawal on our next specified transaction date. Please make note of our transaction dates listed above.