

# AFG Employees Credit Union

## Authorization for Automated Electronic Entries

I hereby authorize AFG Employees Credit Union hereinafter called COMPANY, to initiate electronic debit and/or credit entries and to initiate, if necessary, debit and/or credit entries and adjustments for any entries made in error to my

Checking                       Savings account (select one)

indicated below and the financial institution to debit and/or credit the same to such account.

Financial Institution \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Transit / ABA # \_\_\_\_\_ Account # \_\_\_\_\_

Member Name \_\_\_\_\_ Member Number \_\_\_\_\_

Entry Amount \$ \_\_\_\_\_ Entry Account  Checking  Savings

Other \_\_\_\_\_

**Frequency:**  Weekly

Bi-Weekly

Semi-Monthly

Monthly

**Beginning Date:** \_\_\_\_\_

This authority is to remain in full force and effect until COMPANY has received written notification from me within fifteen days of its termination to afford COMPANY a reasonable opportunity to act on it.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date