

Western Division Federal Credit Union
 6750 Main Street • Williamsville, NY 14221
 Ph: (716) 632-9328 • Fax: (716) 632-1383
 www.westerndivision.org

ACH DEBIT AUTHORIZATION FOR DIRECT PAYMENTS

I (we) request Western Division Federal Credit Union (WDFCU) to initiate debit entries, and if necessary, credit entries as adjustments for any debit entries in error to my (our) account(s) indicated below and to debit and/or credit the same to such account.

IMPORTANT: ACH requests will be processed on the date/frequency chosen. If processing date/frequency falls on a weekend or federal holiday, the request will be processed the **BUSINESS DAY BEFORE** that weekend or federal holiday.

Request: <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Stop	Frequency: (Choose all that apply) <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-monthly Membership Funding	Start Date: Amount: \$ Amount: \$
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Financial Institution to DEBIT

Name on Account:		
Financial Institution Name:		
Address:		
City:	State:	Zip:
Account to Debit: <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account		
Account #:	Routing #:	

Western Division Account to CREDIT

Member Name:		
Account to Credit:	Account #:	Suffix #:

I hereby authorize Western Division Federal Credit Union (WDFCU) to initiate debit and/or credit entries to the account(s) listed above. I further authorize WDFCU to initiate correcting entry(s) and adjustment(s) for any transactions processed in error using the account information provided, or for transactions that are returned unpaid, for which a return item fee will be assessed. The terms of the WDFCU Membership and Account Agreement and EFT Agreement are incorporated into this authorization.

This authorization is to remain in full force and effect until Western Division Federal Credit Union has received written notification from me (or either of us) of its termination in such time and in such manner as to afford reasonable opportunity to act on it. Written debit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

Signature: _____ Date: _____