DADE COUNTY FEDERAL
CREDIT UNION

Direct Payment Authorization - ACH
Complete the information below and forward to Accounting seven (7) days prior to transfer.

☐ New authorization

☐ Update / Change existing authorization

☐ Cancel existing authorization

I hereby authorize **Dade County Federal Credit Union**, hereinafter called "DCFCU", to initiate electronic debit entries to transfer funds between the specified external account and the DCFCU loan designated below. I certify that I am the owner or authorized signer on the source account. I will notify DCFCU if the source account is closed or if my withdrawal rights are limited.

DCFCU reserves the right to cancel or suspend this service for any reason, including but not limited to rejection of a transaction by the receiving financial institution. I understand that it is my responsibility to make sure that sufficient funds are available in the source account at the time of the transfer. A $29 fee will be assessed by DCFCU if the payment is returned.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority is to remain in full force and effect until DCFCU has received written notification from the recipient of its termination in such a time and manner as to afford DCFCU a reasonable time to act upon it.

Source Account Information

Transfer FROM the following account:

_____ (Financial Institution Name)

☐☐☐☐☐☐☐☐☐ (Routing & Transit Number)

☐☐☐☐☐☐☐☐☐☐☐☐☐ (Account Number)

Account type: (Check one)

☐ Checking/Draft ☐ Savings/Share

Payment Amount: $☐☐☐☐☐☐☐

Payment Frequency: (Check one) ☐ Monthly ☐ Bi-weekly

Start date: MM/DD/YY ☐☐/☐☐/☐☐

_____ (Accountholder Signature)

_____ (DCFCU Member Number)

_____ (Loan Type: L1, L3…)

_____ (Printed Name)

_____ (Date)

Please attach a voided check or bank account verification letter to this form.
DCFCU may or may not validate external account numbers.
Your payment may be delayed if the information on this form is invalid.

CU Employee: _____ Operator #: _____

DCFCU Employee Name:_____ Operator #: _____