

(Printed Name)

DADE COUNTY FEDERAL	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	
electronic debit entries to transfer funds beto DCFCU loan designated below. I certify that	redit Union, hereinafter called "DCFCU", to initiate ween the specified external account and the at I am the owner or authorized signer on the source count is closed or if my withdrawal rights are limited.	
I understand that it is my responsibility to ma	end this service for any reason, association by the receiving financial institution. ake sure that sufficient funds are available in the source see will be assessed by DCFCU if the payment is returned.	
provisions of U.S. law. This authority is to re-	ansactions to my account must comply with the emain in full force and effect until DCFCU has received ermination in such a time and manner as to afford	
Source Account Information		
Transfer FROM the following account:		
(Financial Institution Name)	(Routing & Transit Number)	
(Account Number)		
Account type: (Check one)		
Checking/Draft Saving	gs/Share	
Payment Amount: Payment \$ Month	Frequency: (Check one)  Start date: MM/DD/YY  ly  Bi-weekly  / / / /	
(Accountholder Signature)	(DCFCU Member Number) (Loan Type: L1, L3)	

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.

(Date)

CU Employee:	Operator #:	
DCFCU Employee Name:		Operator #: