

Authorization for Automatic Debit/Credit Transfers

P.O. Box 7006
Flint, MI 48507
810-244-2200

Return signed completed form to a Financial Plus office or fax it to: 810-244-2238

I authorize Financial Plus Credit Union to initiate a debit transfer from the Financial Institution listed below. I acknowledge that I will be charged a one-time fee of \$6.00 for a reoccurring debit transaction or a fee of \$9.95 for a single entry debit. I understand that I control this transfer, and if at any time I decide to discontinue this transfer, I will notify FPCU in writing. I understand that funds must be made available one business day prior to payment date. I understand that this transfer may take up to 14 business days to be effective. If I chose to cancel this transfer I must notify FPCU at least 7 business days prior to my cancellation date. I understand that if the transfer rejects for any reason such as NONSUFFICIENT FUNDS (NSF), ACCOUNT CLOSED, STOP PAYMENT or any other reason, FPCU reserves the right to cancel this transfer request. I also understand that if I cause this transaction to reject because of NSF, ACCOUNT CLOSED, or STOP PAYMENT, I may be charged a NSF fee as disclosed in FPCU fee schedule. I further understand that this item may or may not be presented a second time, at the discretion of FPCU.

***Complete SECTION 1 in full to authorize an electronic transfer.**

SECTION 1	Account Information for Debit (withdrawal)
	Financial Institution's Name _____ F.I. Phone Number _____
	Name on account _____ Routing Number _____
	Account Number to debit _____ Select One: <input type="checkbox"/> Savings <input type="checkbox"/> Checking
	Amount to debit _____ Date(s) to debit _____
	Account Information for Credit (deposit or payment)
	Financial Institution Name Financial Plus Credit Union Routing Number 272480128
	Name on Account _____ Member Phone Number _____
	Date to begin _____ Frequency of transfer : <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly
	Account number to credit _____ Select One: <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Loan _____ <small>I.D. number</small>
IF YOU SELECTED LOAN IT MUST BE A MONTHLY PAYMENT	
Member Signature _____ Date _____	
<small>I have signature authority over the account being debited</small>	

***Complete SECTION 2 in full to cancel a previously authorized electronic transfer.**

SECTION 2	I (we) would like to cancel my (our) automatic payment/transfer from _____ to Financial Plus Credit Union effective _____ <small>Must give C.U. at least 7 days notice</small>
	Member Name(s) _____ Date _____
	Signature(s) _____ Account Number _____
	Financial Institution

FOR CREDIT UNION USE ONLY		<input type="checkbox"/> E-mail <input type="checkbox"/> Excel <input type="checkbox"/> Fee
Schedule _____	Account set up by _____	Date _____
Fax Received On _____	Cancellation entered by _____	Date _____
Employee Signature _____	Date/Time _____	