

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: 810-244-2510

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: Savings 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 : Monthly Bi-weekly Weekly

Account number to credit _____ Select One: Savings Checking Loan _____ I.D. number

IF YOU SELECTED LOAN IT MUST BE A MONTHLY PAYMENT

Member Signature _____ Date _____

I have signature authority over the account being debited

***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 _____
Financial Institution

to Financial Plus Credit Union effective _____
Must give C.U. at least 7 days notice

Member Name(s) _____ Date _____

Signature(s) _____ Account Number _____

FOR CREDIT UNION USE ONLY E-mail Excel Fee

Schedule _____ Account set up by _____ Date _____

Fax Received On _____ Cancellation entered by _____ Date _____

Employee Signature _____ Date/Time _____