



Automatic Deduction Authorization

New Enrollment

Change of Information

Cancellation

Name: _____

TCFCU Account: _____ Loan number: _____

Daytime phone number: _____ Email address: _____

Name of Financial Institution funds will be withdrawn from: _____

Bank routing number: _____ Bank account number: _____

Checking

Savings

Withdraw will occur on or after: (MM/DD/YY) _____

Monthly amount to be withdrawn: \$ _____

I hereby authorize Tulare County Federal Credit Union to electronically debit my account listed above on a monthly basis. I understand that I am responsible for reimbursing the Credit Union for any rejected payments and/or fees resulting from rejected payments. The information contained herein will be used only for this purpose. This authority will remain in place until I notify Tulare County Federal Credit Union my intent to discontinue this service a minimum of five (5) days prior to scheduled payment date.

Signature: _____ Date: _____

For Credit Union Use

Employee Receiving Form:

Employee Processing ACH:

Employee Auditing ACH: