



**Authorization Agreement for Preauthorized Payments**

I (We) hereby authorize BCS Community Credit Union (Credit Union), to initiate debit entries (withdrawals) from my (our) Checking/Savings Account indicated below in the amount(s) requested here monthly, from my account at the financial institution named below (Depository), with funds to be credited to my BCS account listed below.

Effective date: _____	Preferred Day of Month: _____
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**Other Financial Institution (where the funds are):**

FI Name: \_\_\_\_\_ Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Routing: \_\_\_\_\_ Account No: \_\_\_\_\_

Choose One: Checking \_\_\_\_\_ Savings \_\_\_\_\_ Monthly Amount: \$ \_\_\_\_\_

**Funds to be applied as follows at BCS Community Credit Union:**

- BCS Loan Account & Suffix: \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- BCS Loan Account & Suffix \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- BCS Savings Account No: \_\_\_\_\_ \$ \_\_\_\_\_

This authority is to remain in full force and effect until the Credit Union and/or Depository have received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Credit Union and Depository a reasonable opportunity to act on it.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Office Use:**

Set up on MACH:		ACH batch set-up by:		Date:
MACH verified by:		ACH batch verified by:		Date: