

W.B.R.T. Federal Credit Union
(225) 344-0318

Authorization Agreement For Direct Payments (ACH Debits)

Please Read Agreement, Then Complete Entire Form and Attach a Voided Check

Authorization Agreement

I hereby authorize **WBRT Federal Credit Union** to initiate debit entries to my checking or savings account at the financial institution named below.

Further, I agree not to hold **WBRT Federal Credit Union** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution.

I understand if a debit is returned, due to insufficient funds in my account, or if I closed my account without adequate notice to **WBRT Federal Credit Union**, I may be charged a returned item fee. I understand lack of adequate funds in my account to cover the payment(s) may result in cancellation of this automatic payment service. I understand that if sufficient funds are not in the indicated account, my payment(s) will not be made and I will be responsible for making the payment(s).

This agreement will remain in effect until I provide notice revoking the authorization by calling or providing written notice to **WBRT Federal Credit Union** at least **five (5) business days** before my account is to be debited or until I receive written notification of termination of this automatic payment service from **WBRT Federal Credit Union**.

Member Information

Your Name: _____ Account Number: _____

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ Checking Savings

Total Amount to Deduct: \$ _____

Please debit my account on the following date (Monthly) : Check One

5th

15th

20th

25th

Note: If the indicated date falls on a weekend or holiday, the payment will be debited the next business day

Distribution Instructions

Please apply deduction as follows:

Loan Payment \$ _____ Savings Account \$ _____

Loan Payment \$ _____ Savings Account \$ _____

Checking Account \$ _____

Signature

Authorized Signature: _____ **Date:** _____

FOR CHECKING ACCOUNT, Attach Voided Check, Do Not Attach Checking Account Deposit Slip

FOR SAVINGS ACCOUNT, A Letter From Bank or Credit Union Verifying Transit/Routing Number and Account Number, and Account Owner's Name

MAIL THIS FORM TO:
673 Rosedale Road, Port Allen, LA 70767