



ACH Debit / Credit Authorization

Today's Date

Member Information

First Name

Last Name

Member Number

Account Type at East County Schools FCU:
Savings Checking Loan Payment ID

I hereby authorize **East County Schools Federal Credit Union** to initiate:

Deposit/Payment to East County Schools FCU and a debit to my account at the financial institution named below.

Withdrawal* from East County Schools FCU and a credit to my account at the financial institution named below

* Withdrawals over \$3,000 must be approved by ECSFCU Management. Management initial _____

Other Financial Institution Information

Name of Financial Institution

Routing & Transit No.

Account Number

Dollar Amount

Starting Date of 1st ACH Debit / Credit

Ending Date (if applicable)

Frequency (i.e.: Monthly on the 5th)

Account Type at Other Financial Institution:
Savings Checking Loan Payment ID

I hereby authorize East County Schools Federal Credit Union (ECSFCU) to initiate debit/credit entries to my account at ECSFCU and my account at the other FINANCIAL INSTITUTION shown above. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of US law.

I understand payments to do not automatically stop once a loan is paid off or an account is closed. Unless I have indicated an ending date above, the ACH debits / credits will continue until I cancel this request with you in writing. I understand I must inform ECSFCU of any cancellation or change in the original conditions of the ACH debit / credit a minimum of 7 (seven) business days prior to the next scheduled debit / credit.

Member Signature _____ Date _____

I hereby cancel the above described ACH debit / credit to be effective on _____

Member Signature _____ Date _____

Please sign and submit this form through one of the following methods:
In Person or by Mail: 1069 Graves Ave, Suite 100 El Cajon, CA 92021
By Fax: 619-588-2197 **A copy of your driver's license must also be provided with this form.**

Credit Union Use Only:
Authorization accepted by: _____ ACH established / cancelled by: _____
Employee _____ Date _____ Accounting _____ Date _____ Ref# _____