



AUTOMATED TRANSFER AGREEMENT

I authorize Technology Credit Union to debit my account at the DEPOSITORY INSTITUTION named below and initiate credit adjustments in the event of an error. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

I understand I may be charged a fee on ACH debits returned for non-sufficient funds. ACH debits may be discontinued after a second NSF transaction within 12 months. Returned items will not be resubmitted.

I understand that I can permanently revoke this authorization at any time by notifying Technology Credit Union in writing at least 15 days in advance of the next scheduled transfer. If I want to cancel a single transfer, I must notify Technology Credit Union or the DEPOSITORY INSTITUTION at least three business days before the transfer is scheduled to occur.

FROM DEPOSITORY INSTITUTION ACCOUNT:

FINANCIAL INSTITUTION NAME: _____		PHONE: _____
Routing/ABA Number: _____ (Must be 9 digits)		
Checking Account Number: _____		Savings Account Number: _____
(Attach a blank voided check)		
Amount \$ _____	Monthly Transfer Date _____	Beginning Date _____
If the transfer date falls on a weekend or a holiday, the deposit/payment will take place on the next business day.		

TO TECHNOLOGY CREDIT UNION:

MEMBER NAME: _____		PHONE: _____
ACCOUNT NUMBER: _____	<input type="checkbox"/> Savings Suffix _____	Amount \$ _____
	<input type="checkbox"/> Checking Suffix _____	Amount \$ _____
	<input type="checkbox"/> Loan Suffix _____	Amount \$ _____
MEMBER SIGNATURE _____		TODAY'S DATE _____

CREDIT UNION USE ONLY		
Accepted by: _____	Dept: _____	
(Employee Initials)		
R&T Verified by: _____	Entered by: _____	Verified by: _____
Date: _____		

PLEASE FORWARD THIS COMPLETED FORM 15 DAYS PRIOR TO FIRST TRANSFER DATE TO:

Email info@techcu.com
Fax (408) 441 – 4720
Mail Technology Credit Union
P.O. Box 1409
San Jose, CA 95109-1409

PLEASE ATTACH A BLANK VOIDED CHECK IF THE TRANSFER WILL BE WITHDRAWN FROM A CHECKING ACCOUNT.