



## 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: _____ |
| <b>(Attach a blank voided check)</b>  |                             |                               |
| 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.**