

# 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

5<sup>th</sup>

15<sup>th</sup>

20<sup>th</sup>

25<sup>th</sup>

**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 \$ \_\_\_\_\_

### 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:  
1044 Michigan Avenue Port Allen, LA 70767