



Main Office

230 S. Dearborn St. Suite 2962
Chicago, IL 60604
312-922-5310 Fax 312- 922-8609

ELECTRONIC PAYMENT AUTHORIZATION

I, _____, hereby authorize
U.S. Employees Credit Union to initiate:

_____ debits from the RDFI
listed below and credits to
my USECU account.

_____ credits to the RDFI
listed below and debits from
my USECU account.

RDFI _____

RDFI Address _____

Routing/ABA Number (Contact your RDFI) _____

Account number _____ () Checking () Savings

Recurrence () Weekly () Bi-weekly () Monthly () Semi-monthly

Effective Date _____

Amount \$ _____ () New () Increase () Decrease () Cancel

USECU Member # _____ () Checking () Savings () Other _____

Daytime Telephone # _____ Evening Telephone # _____

This authorization is to remain in full force until USECU has received written notification from the account holder of its termination in such time and in such a manner as to afford USECU and the RDFI a reasonable opportunity to act on it.

Signature _____ Date _____

Signer must be authorized on RDFI account.

Attach a voided check for all NEW requests.

The RDFI or Receiving Depository Financial Institution receives the transaction; USECU initiates the transaction.

For USECU Use:		
_____ MSR Verified	_____ Req D Compliant	_____ Date