



AUTHORIZATION AGREEMENT FOR ACH DEBITS
Credit to **UWA FOUNDATION**

Name _____ Email _____

Address _____

Phone _____ Class Year _____

I (we) hereby authorize Alabama Credit Union to initiate DEBIT entries to my (our):

Savings Account

Checking Account

from the financial institution listed below and deposit the funds into the **UWA FOUNDATION ACCOUNT** at Alabama Credit Union. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. laws.

Financial Institution to debit funds from:

Bank/Credit Union _____

Routing Number _____

Account Number _____

Amount of the transfer \$18.35 or \$ _____

Date to begin _____

Day of month 5th 10th 15th 20th 25th

You MUST provide a copy of a voided check or a current bank statement showing that you are an authorized signer on the debited account.

The authorization is to remain in full force and effect until Alabama Credit Union has received written notification from me (or a joint owner of the account) of its termination in such a time and in such a manner as to afford Alabama Credit Union and the Financial Institution a reasonable opportunity to act on it.

NOTICE: You MUST notify Alabama Credit Union in writing if you wish to cancel this authorization as stated above.

Member's Signature _____ Date _____

FOR CANCELLATION of an ACH Agreement:
I, _____, wish to cancel the above ACH debit authorization as of (date) _____.
I understand that this cancellation notice must be given at least 5 days prior to the scheduled date of the transaction.
Member's Signature _____ Date _____