Agreement for Electronic Payments Form

Individual Authorization Agreement for Preauthorized Debit/ Credits

Member Name:	
Address:	
Telephone No:	

Effective Date:	**Calendar Period – Select One:**			
	Weekly Day of Week:_____	Bi-Weekly Day of Week:_____	Monthly Date:_____	Annual Date:_____

Select One:

☐ Transfer Amount Between Deposit Accounts: $

☐ Monthly Interest Posted (for Deposit Accounts only)

☐ Monthly Payment Amount (for Loans): $

☐ Principal and Interest (HELOC's Only)

☐ Principal, Interest, and Escrow Due (Mortgage Only)

☐ Additional to Principal (for Loans): $

☐ Club Account Payment of Entire Balance to be Disbursed Annually on

☐ Safe Deposit Annual Rent (Current Rate Subject to Change) for Box Number:

I hereby authorize Polish National Credit Union to Initiate the following debit/ credit entry **FROM** my (our) account.

(Select one)	Institution Name:	Account #
☐ Debit ☐ Credit	Account Type:	Routing #

I hereby authorize Polish National Credit Union to Initiate the following debit/ credit entry **TO** my (our) account.

(Select one)	Institution Name:	Account #
☐ Debit ☐ Credit	Account Type:	Routing #

OR:

☐ Issue Bank Check to address above

We will initiate, if necessary, debit entries and adjustments for any credit entries made in error. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the laws of the United States. This authority is to remain in full force and effect until the Depository has received written notification from me (us) of its termination in such time and in such manner as to afford the Depository a reasonable opportunity to act on it.

☐ **I acknowledge receipt of a copy of this agreement**

Signature		Date:	
Signature		Date:	

For Credit Union Use Only:

☐ The parties involved in this transaction have been checked against the OFAC list.

(*Required)-Copy of Voided Check attached to this form

Processed by (employee):		Date:	
Date:	Time:	Verified by:	

NMLS #439259

The **Polish National** Credit Union