



AUTHORIZATION AGREEMENT FOR AUTOMATED ELECTRONIC TRANSFER DEPOSITS/WITHDRAWALS

Credit Union Name: **Parsons Federal Credit Union** Routing Number: **322284698**

I hereby authorize PARSONS FEDERAL CREDIT UNION, to initiate entries (and to initiate any adjustment entries for any entries in error, if necessary) to my Parsons Federal Credit Union account listed below:

*****Please Note*** Electronic Transfer Requests are processed the business day after your completed Authorization has been received by the Credit Union.**

Deposit/Withdraw (circle one) from Account # _____ Share/Loan ID _____

Effective Date: _____

Single Transaction Recurring Transactions

Terminate my Authorization for Electronic Transfer Deposits/Withdrawals

Effective Date: _____

******IMPORTANT**** Deposits/Withdrawals will not be posted to Receiving Financial Institution until the business day following the processing date of this request.**

Financial Institution Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing (ABA) Number: _____ Account #: _____

Name on Account: _____

Checking Savings **(Attached voided deposit slip for this account)**

Amount: \$ _____ Amount will vary **(outgoing withdrawal to another Financial Institution may not exceed \$5,000)**

If your scheduled withdraw or deposit falls on a weekend or holiday, the withdrawal or deposit will take place on the prior business day.

You will be charged \$1.00 for each transaction.

A \$15.00 Non Sufficient Funds (NSF) fee will be assessed for returned deposits or withdrawals.

This authorization will remain in full force and effect until PARSONS FEDERAL CREDIT UNION receives written notification in advance to make any changes to the above pre-authorization transaction.

By signing below, I acknowledge that I have received a copy of Parsons Federal Credit Union's Electronic Services Disclosure and Agreement.

PLEASE ATTACH A VOIDED DEPOSIT SLIP FOR YOUR ACCOUNT AT THE FINANCIAL INSTITUTION LISTED ABOVE

Member Name: _____ Account #: _____
(Please Print)

Signature: _____ Date: _____

I acknowledge receipt of a copy of this Pre-Authorized Electronic Transfer Agreement.

Initial: _____