



AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED WITHDRAWALS

The undersigned hereby authorizes Wichita Federal Credit Union (WFCU) to initiate electronic fund deposits to my (our) account indicated below at the depository institution named below, and to withdraw the same from my account at Wichita Federal Credit Union. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply under the rules of the National Automated Clearing House Association (NACHA) and with the provisions of U.S. law.

NAME(S): _____ DATE: _____

ADDRESS: _____ SSN: _____

DEPOSITORY NAME: _____

DEPOSITORY ACCOUNT NUMBER: _____

TRANSIT/ABA # OF DEPOSITORY: _____ AMOUNT: \$ _____

DATE OF FIRST DRAFT: _____

FREQUENCY: WEEKLY MONTHLY OTHER _____

This authority is to remain in full force and effect until Wichita Federal Credit Union has received written notification from me/us of its termination in such time and in such manner as to afford Wichita Federal Credit Union a reasonable opportunity to act on it.

WITHDRAW FROM MY WFCU CHECKING SAVINGS ACCOUNT # _____

Signed: _____ Date: _____

Signed: _____ Date: _____

*Please
attach a
voided
check or
deposit
slip*

Please cancel my Pre-authorized Withdrawal Effective _____

Signature: _____ Date: _____