



**WICHITA  
FEDERAL**  
CREDIT UNION

**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: \_\_\_\_\_