

Account Number \_\_\_\_\_

**LEGACY CREDIT UNION  
AUTHORIZATION AGREEMENT FOR AUTOMATIC TRANSFERS**

I (We) hereby authorize Legacy Credit Union to initiate credit and/or debit entries to my (our) checking or savings account indicated below and the depository named below, hereinafter called depository.

Depository  
Name \_\_\_\_\_ Branch \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Transit/ABA No. \_\_\_\_\_ Account No. \_\_\_\_\_

Make transaction on the specified day or the following workday if these days are non-business days:

\_\_\_\_\_ (Day) \_\_\_\_\_ (Month to start) \_\_\_\_\_ (Year) \$ \_\_\_\_\_

\_\_\_\_\_ Weekly \_\_\_\_\_ Semi Monthly \_\_\_\_\_ Monthly

\_\_\_\_\_ One Time Withdraw \_\_\_\_\_ (Day) \_\_\_\_\_ (Month) \_\_\_\_\_ (Year) \$ \_\_\_\_\_

\_\_\_\_\_ Web Access – Upon Each Request

Credit Union:  
Account No. \_\_\_\_\_ \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_ Loan

This authority is to remain in full force and effect until 30 days after Legacy Credit Union has received written or verbal notification from me (or either of us) of its termination.

Name \_\_\_\_\_ SSN \_\_\_\_\_  
(PLEASE PRINT AS ON ACCOUNT)

Name \_\_\_\_\_ SSN \_\_\_\_\_  
(PLEASE PRINT AS ON ACCOUNT)

Date \_\_\_\_\_ Signed \_\_\_\_\_

Date \_\_\_\_\_ Signed \_\_\_\_\_

I acknowledge that the origination of ACH transactions to and from my account must comply with the provisions of U.S. Law. This authority will remain in effect until I have cancelled it verbally or in writing.

**PLEASE INCLUDE A VOIDED CHECK.**