

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.