

AUTHORIZATION AGREEMENT FOR ELECTRONIC FUND TRANSFERS



Member Name: _____

Account Number: _____ ID Type: Share ID: _____
 Loan

Agreement Type: New Frequency: Weekly
 Change Bi-Weekly
 Stop Semi-Monthly
 Monthly

I (we) authorize that DATCU, P.O. Box 827, Denton, Texas 76202-0827, to initiate debit and/or credit entries from my (our) account at the following financial institution and to credit/debit the same to the account as noted above.

FI Routing & Transit _____ Account Number: _____

Account Type: Checking Select One: Debit
 Savings Credit

This authorization is to remain in full force until written notification of its termination is received by DATCU no later than five (5) working days prior to the effective date of entry, as to afford a reasonable opportunity to act on it.

A \$32.00 fee will be charged on returned ACH for non-sufficient funds.

Signature:		Date:	
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FOR CREDIT UNION PURPOSES			
Prepared by:	_____	Teller #:	_____
		Date:	_____