

Instructions: Complete the Authorization form below. **You must be an account owner/signer on the account that will be debited at the other financial institution and IU Credit Union account listed below.** This authorization form can only be used if you wish to have funds deducted from another financial institution and deposited in to your IU Credit Union savings or checking account.

Choose one: ☐ New ☐ Change Existing Debit Authorization

IUCU Account Number	Checking or Savings (Select from drop-down)	Share ID (must be 4 digits)
Name	Daytime Phone Number	

I hereby authorize IU Credit Union to initiate debit entries to the Financial Institution listed below, which is located in the territorial jurisdiction of the United States, and if necessary initiate credit entries or adjustments to correct a debit entry originated in error, to make a deposit for the amount specified on this authorization. Deposit dates that fall on a non-business day or holiday will be processed one business day prior to the scheduled deposit date. Payments returned will be reversed and will only be resubmitted if allowed by IU Credit Union. If IU Credit Union receives three returned payments in a six-month period, this may result in termination from the program. I understand that the Credit Union is not responsible for any fees, penalties or late charges. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law.

Frequency:

- ☐ Weekly on (select from drop-down): _____
- ☐ Biweekly on (select from drop-down): _____
- ☐ Semi-monthly on (select from drop-down): _____ and _____ (ex. 1st and 15th each month)
- ☐ Monthly on (select from drop-down): _____ (ex. 15th each month)
- ☐ Annually on (select from drop-down): _____ (ex. January 5 each year)

Amount (monthly maximum \$25,000): \$_____ Start Date:_____ We must receive this authorization at least 10 calendar days prior to the start date.

Name of Financial Institution that IUCU will Debit		ABA Number (Routing Number)							
City	State	Zip	Other Institution Phone Number						
Name on Account at Other Financial Institution	Account Number		Checking or Savings						

This authorization is to remain in full force and effect until IU Credit Union has received a request to terminate this authorization in such time and in such manner as to afford IU Credit Union reasonable time to act on it. I certify that I am an account owner/signer on the account that will be debited at the Depository Financial Institution listed above. I further state that I agree to the terms and conditions of the Membership & Account Agreement.

IUCU Member's Signature (must be a signer on IUCU account)	Date

CREDIT UNION USE ONLY – MUST BE COMPLETED BY THE EMPLOYEE ACCEPTING THE AUTHORIZATION

Authentication – Indicate below how the member was authenticated:

- ☐ In Person – Government Issued ID & Expiration Date: _____
- ☐ Secure Email – Online Banking Authentication
- ☐ Phone (two security questions): _____

Member must receive a copy of this completed authorization. Notate how the copy was provided to the member: ☐ In person ☐ DocuSign ☐ Secure Email ☐ Mailed

Name: _____ Branch: _____ Date Received: _____