

Authorization For Automatic Debit / Credit Transfer

Return to member center employee or Fax to 248.785.5107

I authorize Community Choice Credit Union to initiate a debit / credit transfer from the financial institution listed below. I understand that the earliest this transaction can occur is two weeks from the enrollment date. I understand that I control this transfer, and if at any time I decide to discontinue this transfer, I will notify Community Choice Credit Union in writing at least one week prior to the transfer date. I understand that the funds must be made available one day prior to post date. I understand that if the transfer rejects for any reason such as NSF, Account Closed, Stop Payment or any other reason, Community Choice Credit Union reserves the right to cancel this transfer and a \$25.00 fee will be assessed to my account.

Member Name CCCU Account #
 Member Phone #

Transaction Information

Amount to Debit Select Frequency
 First Transfer Date Monthly Semi-Monthly
 Weekly Bi-Weekly

Account for Withdrawal

Name of Financial Institution Account #
 Name of Account Holder Routing and Transit #
 Select Account Type Savings Checking

Account for Credit

Community Choice Account Number Share/Loan ID
 Name of Account Holder
 Select Account Type: Savings Checking Loan

Member Signature

Non-Member Signature (if applicable) **MUST BE NOTARIZED**

For Credit Union Use Only:

OFAC Checked by:

Date

Account set up by: