

Authorization Agreement for Pre-Authorized Withdrawals

Please print this form and complete all information. Fax the signed form to 781-878-3646, scan and email to webmail@RFCU.com, or mail it to:

Rockland Federal Credit Union
241 Union St
Rockland MA 02370
Attn: Account Services
PH- 800-562-7328

Internal Use:
Transfer Record #: _____
Taken by: _____
Maintained by: _____
Verified by: _____

Authorization Agreement

I hereby authorize and request Rockland Federal Credit Union to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my account indicated below and the Financial Institution named below, to debit and/or credit the same to such account.

☐ Start ☐ Stop ☐ Change ☐ Skip- Month _____ Next transfer date: _____

Withdrawal From

Name(s) on Account: _____

Financial Institution: _____ Transit/ABA Number: _____

Account Number: _____ Account Type: ☐ Checking ☐ Savings

Deposit or Payment to Rockland Federal Credit Union

Name(s) on Account: _____

Member Number: _____ Account number: _____

Amount of Transaction: _____ Account Type: _____

Frequency: ☐ Weekly ☐ Monthly ☐ Bi-Weekly

Beginning: _____

The undersigned hereby acknowledges that he/she has read the Terms and Conditions listed below and agrees to be bound by them:

Member Name (please print): _____

Member Signature: _____ Daytime Phone: _____

Terms and Conditions

1. Execution hereof constitutes authorization to the Rockland Federal Credit Union to make withdrawals and deposits as indicated hereon.
2. Member's name must be on accounts at both financial institutions to process.
3. I may cancel this authorization at any time upon thirty (30) days written notice to the Credit Union, and I agree that withdrawals may continue to be made after my death unless the Credit Union has received such a cancellation notice from the then owners of the account.
4. Any withdrawal/deposit to be made as of a date that falls on a Saturday, Sunday or holiday will be effected on the next business day following such date.
5. The Credit Union reserves the right to cancel this authorization at any time upon giving thirty (30) days written notice to the authorizing party at the last known address.
6. These terms and conditions may be amended at any time and from time to time by the Credit Union by mailing written notice thereof to the member and/or as permitted by applicable law.