

Authorization Agreement for Pre-Authorized Deposits

Please print this form and complete all information. Fax the signed form to 781-878-3646, scan and email it 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 credit entries and to initiate if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the Financial Institution named below, to credit and/or debit the same to such account.

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

Withdrawal from Rockland Federal Credit Union

Name(s) on Account: _____

RFCU Account Number: _____ ☐ Checking ☐ Savings

Amount of Transaction: _____

Frequency: ☐ Weekly ☐ Monthly ☐ Bi-Weekly

Beginning: _____

Deposit To

Name(s) on Account: _____

Financial Institution: _____ Account Type: _____

Transit/ABA Number: _____ Account Number: _____

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. If the funds are not available on the day of the transfer, RFCU will automatically attempt to transfer each day until the funds are sufficient. If the funds are not sufficient in the account ongoing, I agree that the Credit Union, at its option, may by written notice mailed to my last known address cancel this authorization.
4. 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.
5. 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.
6. 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.
7. 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.