



ELECTRONIC FUNDS TRANSFER SETUP REQUEST

To sign up for the Electronic Funds Transfer program, just complete this form and return to us with a voided check.

Member Account Number

Name (Please print)

Input boxes for New, Change, and Cancel options.

Authorization for Pre-authorized Fixed Withdrawals or Deposits

I hereby authorize Genisys Credit Union to initiate debit or credit entries to my (our) account identified below. Such transactions will be authorized by this agreement and are subject to change by my written request. If the purpose for the transaction is restricted in any manner, such restriction is stated below. Adjusting entries to correct errors are also authorized. It is agreed that these transactions and adjustments may be made electronically and under the Rules of the National Automated Clearing House Association. This authorization will remain in effect until written termination from me is given to Genisys Credit Union. I acknowledge receipt of a completed copy of this Authorization.

My Other Institution Information:

Genisys Credit Union will (check one) Send Money to Receive Money from

Name of Financial Institution:

Routing and Transit No Account No Savings Checking

Name on Account:

Home Phone Daytime Phone

Signature of Authorizing Party

Date

Form must be received 15 days before effective date.

Genisys Credit Union Account Information:

Genisys Credit Union will (check one): Withdraw Money from Deposit Money to Apply Payment to

Account # Account Type:

Effective Date of Transfer: Amount \$

Frequency (check one): Monthly Bi-weekly Weekly 15th and last day of the month

Day of the week (if applies): (Required for weekly, bi-weekly)

MEMBER SHOULD PROVIDE FSR WITH A VOIDED CHECK TO ENSURE ACCURATE INFORMATION IS INPUT

For Office Use: Branch Employee Date