Direct Payment Authorization
NEW

Royal Credit Union *rcu.org*
PO Box 970 800-341-9911
Eau Claire, WI 54702-0970 Insured by NCUA | Equal Housing Opportunity

First Name:_____ Last Name:_____ M.I.: _____

Daytime Phone #:_____ Start Date of Transfer:_____

I authorize Royal Credit Union to transfer $_____ __ to __ from (choose one)

my Royal Credit Union account # (choose one):

Checking- __ __ __ __ __ __ __

Savings- __ __ __ __ __ __ __

Loan- __ __ __ __ __ __ __

__ to __ from (choose one)

my account at (other financial institution Name): _____

Routing #: _____ Account #: _____

__ Checking __ Savings __ Loan (choose one)

Is the funding account a Business Account? __ Yes __ No

If Yes, what is the name of the Business on the account? _____

IMPORTANT: Royal Credit Union must receive a voided check or savings account slip from your other financial institution in order to process a new setup or change an account number at your other financial institution. Please attach below.

This payment will occur: __ weekly __ bi-weekly __ monthly (choose one)

If weekly or bi-weekly, which day of the week would you like the transfer to occur? _____

If skipping a payment: Amount: $_____ Date: _____

I authorize Royal Credit Union to initiate entries to/from my checking/savings/loan account. This authorization will remain full effect until I notify Royal Credit Union in writing to cancel at least **15 business days prior** to the next transfer date. I understand that entries may not be initiated in violation of the laws of the United States, and I am responsible for the accuracy of my account number to be debited or credited. I (we) acknowledge that the origination of ACH transactions from my (our) account must comply with the provisions of United States law, and I (we) agree to be bound by the Nacha Operating Rules and Guidelines.

For outgoing transfers, funds must be in your Royal Credit Union account by 6:00 a.m. **one business day prior** to the Direct Payment date. If Direct Payment date falls on a weekend or holiday, the transfer will be posted 1-2 business days after the Direct Payment date.

Royal Credit Union reserves the right to terminate this agreement for reasons including, but not limited to, non-sufficient funds, closed account and invalid account. Royal Credit Union will notify you in writing if your Direct Payment is canceled under such circumstances, except in the case of account closure.

I certify that I am owner or co-owner on both accounts involved in this transfer.

Signature: _____ **Date:** _____

Attach voided check or savings account slip here