

Direct Payment Authorization

Member Service 715-833-8111 or 1-800-341-9911
 P.O. Box 970, Eau Claire, WI 54702-0970



<input type="checkbox"/> NEW <input type="checkbox"/> CHANGE AMOUNT <input type="checkbox"/> CHANGE DATE <input type="checkbox"/> CANCEL	
NAME _____	
DAYTIME PHONE # _____	START DATE OF TRANSFER _____
I AUTHORIZE ROYAL CREDIT UNION TO TRANSFER \$ _____ <input type="checkbox"/> TO <input type="checkbox"/> FROM (CHOOSE ONE)	
MY ROYAL CREDIT UNION ACCOUNT # (CHOOSE ONE):	
CHECKING - <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
SAVINGS - <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
LOAN - <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> TO <input type="checkbox"/> FROM (CHOOSE ONE)	
MY ACCOUNT AT (OTHER FINANCIAL NAME) _____	
CITY/STATE/ZIP _____	
ROUTING # _____ ACCOUNT # _____	
<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOAN (CHOOSE ONE)	
IMPORTANT: ROYAL CREDIT UNION MUST RECEIVE A VOIDED CHECK OR SAVINGS ACCOUNT SLIP FROM YOUR OTHER FINANCIAL INSTITUTION IN ORDER TO PROCESS THIS REQUEST. PLEASE ATTACH BELOW.	
THIS PAYMENT WILL OCCUR: <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY	
IF WEEKLY OR BI-WEEKLY, WHICH DAY OF THE WEEK WOULD YOU LIKE THE TRANSFER TO OCCUR? _____	

I authorize Royal Credit Union to initiate entries to/from my checking/savings/loan account. This authorization will remain in 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.	
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.	
Your Royal Credit Union savings or checking will be charged a \$4.00 fee for each returned transaction. 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