



Direct Debit Authorization Agreement

Please complete below:

Credit Union Information		
Union Building Trades FCU Account # _____	*Amount \$: _____	
Frequency of transfer:* _____ Select one: (Monthly (Default), Weekly , Bimonthly , D=On demand)	* Minimum Amount\$ _____	
Day of Transfer * _____ <small>(1 thru 31)</small>	Begin Date:* _____ <small>First Transfer</small>	** Maximum Amount\$ _____
<small>If this date falls on a Saturday, Sunday, or bank holiday, this transfer will automatically be made on the following business day. Not Applicable if "On Demand" Option selected ** Maximum amounts are set for future changes you may require and will only be used upon your instruction. Loan payment transfers MUST be done minimum two (2) days prior to due date (i.e. Due date 15th of month, transfer of funds the 13th of month.)</small>		

Other Financial Institution Information-Must be completed in Full	
Type of Account : _____ Checking _____ Savings	
Name of Financial Institution _____	ABA Routing Number _____
Account Number _____	

I (we) hereby authorize Union Building Trades Federal Credit Union to initiate **debit** entries to my (our) account(s) as indicated above and the financial institution named above, hereinafter called Financial Institution, to **debit** the same to such account. I (we) agree to have available funds in my (our) account on the designated date to affect this transfer. I (we) agree to pay any applicable fees for this service as disclosed in the Fee Schedule. This authority will remain in effect until I (or either of us) notify the credit union in writing at least 30 days prior to the next settlement date. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Union Building Trades Federal Credit Union will make every effort to complete this transfer unless circumstances beyond our control prevent the transfer, despite reasonable precautions that we have taken. All terms and conditions of your account agreement apply to this agreement. I/We, agree to reimburse the credit union for all damages, costs and expenses including attorney's fees in the event of fraud on your part and further agree to indemnify and hold harmless the credit union from any and all liability as a result of the credit union's compliance with this request. Please be advised that all deposits are not immediately available for withdrawal.

(Member Name)	(Signature)
(Social Security Number)	(Date)
(Joint Members Name – if applicable)	(Signature – if applicable)
(Social Security Number)	(Date)

Please attach a voided check if Union Building Trades FCU is debiting your checking account.