



411 Theodore Fremd Avenue • Suite 350 • Rye, NY 10580-1410 • 800.431.2754 • USAlliance.org

Agreement for Automatic Transfers INTO My Credit Union Account/Loan

If you're paying a loan or making regular deposits to your Checking or Savings Account with a check from another financial institution, you can save time by using EFT. Transfer the funds directly into your account each month from the other financial institution to assure that the money is always there and available, not delayed or lost in the mail. You'll always know exactly when your account is being debited and you'll have a clear, concise record of all transactions right on your statement.

New agreement Cancel agreement Update existing agreement*

* I understand an updated agreement will supersede all information on an existing agreement

Name of Financial Institution Funds Will Be Transferred FROM: _____

Its ABA/EFT Routing Number: _____ Your Account Number at That Institution: Checking Savings

Deposit funds TO either:

A. My **USALLIANCE Loan account** number: _____

If depositing to a loan, I understand the transfer will be for the minimum amount due and will occur on the loan's due date.

Optionally, I elect to transfer an additional \$ _____

OR

B. My **USALLIANCE Deposit account** number: _____

For transactions to deposit accounts, I request the following:

\$ _____ to be transferred weekly biweekly monthly, or semi-monthly beginning on ____/____/____.

For semi-monthly transactions, the transaction dates can be as follows: 1st and 15th 15th and end of month 16th and end of month

Your Name (Please Print): _____

Your Signature: _____ Date: _____

PLEASE ATTACH A VOIDED CHECK

If applicable, I will be charged a fee according to the Credit Union's published schedule for this service. I understand that if sufficient funds are not available on the scheduled date I may be charged a fee by both the Credit Union and the other Financial Institution, and that my loan, if any, may become delinquent.

ELECTRONIC FUNDS TRANSFER (EFT) AGREEMENT

On the above application, you have authorized USAlliance Financial (Credit Union) to initiate entries to and from your account from another Financial Institution and you have requested the Financial Institution to accept any entries initiated by the Credit Union on such account and to post the same to such account without responsibility for corrections thereof or for the existence of any further authorization relating to them.

This authority will remain in full force and effect until the Credit Union has received written notice of its termination in such time or manner as to afford reasonable time to act upon it.

It is understood that all entries initiated by the Credit Union pursuant to this agreement shall be subject to the terms and conditions of the Electronic Funds Transfer Disclosure which follows.

FOR CREDIT UNION USE

Effective Date _____ Processed By _____ Date: _____