



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)

New

Cancel

Change, please specify the change: _____

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 and payment changes due to force-placed insurance is 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

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 Due

or Specified Amount \$ _____

Frequency: (check one)

Monthly

Bi-Weekly

Weekly

15th and Last Day of the Month

Day of the Week: (if applies) _____

(Required for bi-weekly, weekly)

For Office Use:

Employee Initials: _____

Date: _____