

I/We request to withdraw my/our St. Louis Community Credit Union loan payment amount every payment period from the outside institution indicated below, beginning on the effective date also indicated below.

SLCCU Account Details:

Account Number: _____ App ID Number: _____

Other Financial Institution Details:

Financial Institution Name: _____

City: _____ State: _____ Zip: _____

9-Digit Routing Number: _____ Account Number: _____

Type of Account: Checking Savings

Payment Details:

Amount: \$ _____ Effective Start Date: _____

Frequency: Weekly Bi-Weekly Semi-Monthly Monthly One-Time

Disclosures

If your electronic transfer is returned for any reason, including non-sufficient funds, we may assess a returned item fee as specified in our Fee Schedule. We may attempt to make the transfer one (1) additional time before deeming the transfer as an unpaid item. If your transfer request falls on a weekend or federal holiday, the transfer will occur on the next business day following the weekend or federal holiday.

This recurring authorization is to remain in full force and effect until St. Louis Community Credit Union has received written notification from me (or either of us) of its termination in such time and in such manner as to afford St. Louis Community Credit Union a reasonable opportunity to act on it. St. Louis Community Credit Union has the right to terminate this authorization for any reason. Reasons such as, but not limited to: Invalid Account Number, Non-Sufficient Funds (NSF), Account Closed, Stop Payment or the loan to which the credit is being applied has been paid in full.

Authorization

I/We hereby authorize St. Louis Community Credit Union to initiate/set-up a draft from my designated financial institution as I have indicated above. I/We acknowledge that ACH transactions to/from my/our account must comply with the provisions of US Law and standard ACH guidelines.

Printed Name: _____

Signature: _____ Date: _____

Attach a copy of a voided check or proof of account ownership to this form.

*Return this completed form to any branch, or mail it to:
St. Louis Community Credit Union, Attn: Accounting, 3651 Forest Park Ave., St. Louis, MO 63108*