



Automatic Payment Authorization Form

Use this form to schedule a recurring monthly transfer from your USPS FCU account or your account at another financial institution to your loan at U. S. Postal Service FCU.

If you are establishing a recurring monthly transfer from another financial institution attach a voided check from your other financial institution when you return this form.

Your Name:	
Daytime Telephone Number:	Extension:
Cell Number:	E-Mail:
Apply the transfer to my USPS FCU Account Number _____ Loan Suffix Number _____ (Note: Automatic payments to a USPS FCU line-of-credit cannot be paid from another financial institution.)	

Select a date for recurring monthly withdrawal _____. Month and Year of first withdrawal ____/____.
Amount: \$_____ Please allow 10 days for first withdrawal to occur.

WITHDRAW PAYMENT FUNDS FROM (choose one):
USPS FCU Account _____ <input type="checkbox"/> Savings <input type="checkbox"/> Checking
OR
Another Financial Institution _____
Institution Address:
Institution Telephone Number:
Name as it appears on your account:
ABA Routing Number* _____ *The ABA Routing Number is the first 9 (nine) digits listed at the bottom of your check. Please attach a voided check to this form so we may verify the ABA Routing Number.
Account Number _____ <input type="checkbox"/> Savings <input type="checkbox"/> Checking

I authorize the U. S. Postal Service FCU to regularly withdraw funds from my account at the financial institution indicated above to be applied to my loan at U. S. Postal Service FCU indicated above. I understand that if the scheduled withdrawal date falls on a weekend or holiday the withdrawal will be made on the last business day prior to the weekend or holiday.

I understand that this process will continue until the Credit Union has received written notification from me to cancel this transaction. Changes or termination must be in writing and delivered to the Credit Union no later than three (3) business days prior to the next withdrawal date. The Credit Union has the right to make appropriate adjustments to my Credit Union account indicated above and has the right to revoke this agreement at any time.

Signature: _____ Date (mm/dd/yyyy): _____

Did you remember to attach your voided check?

Date Received: _____	By: _____
Please forward to Accounting/ACH	
Revised: April 2018	