

Member Account No. \_\_\_\_\_  
 Account to be Credited: \_\_\_\_\_  
 Approved by: \_\_\_\_\_ Date: \_\_\_\_\_



May be returned by fax to: (626) 351-0708

**Agreement for Pre-Authorized Debits/Payments (Incoming)**

Member Name _____ Account Number _____
--

I hereby authorize Pasadena Service Federal Credit Union ("Credit Union") to initiate debit entries and, if necessary, credit or adjustment entries arising from any credit entries made in error, to my designated account at the financial institution named below ("Financial Institution"), and for the Financial Institution to credit or debit the same to such account. I understand that I have the right to stop the pre-authorized debit by notifying the Financial Institution in writing at least three (3) days prior to the time my account is charged. If a request is initially returned as unpaid for any reason by the Financial Institution, I understand that the Credit Union will put the request through one (1) more time, for a total of two (2) attempts per month, if needed. By signing below, I certify that I am authorized to sign this Agreement and that all persons whose signatures are required to authorize a debit for the Financial Institution account named below have signed this Agreement.

**PRE-AUTHORIZED CREDIT DETAILS**

Amount of Debit _____	Frequency _____	Start Date _____
-----------------------	-----------------	------------------

This authorization is to remain in full force and effect until the Credit Union has received written notification from me of its termination and has a reasonable opportunity to act on it.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PAYOR INFORMATION**

Financial Institution Name		
Street Address		
City/State/Zip Code		
Nine-Digit Routing Transit Number		
Name(s) on Account		
Account Number to be Credited	Checking	Savings
Name of Account Owner		

**PAYEE INFORMATION**

Credit Union Name
Street Address
City/State/Zip Code
Telephone #

**Attach voided check here**