



Company ID: 211080754

**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS**

**Please fill out the following information, sign, and return to Tremont Credit Union through secure email, mail, or by dropping it off at a TCU branch.**

I (we) hereby authorize Tremont Credit Union to initiate debit entries to my (our) savings or checking account indicated below at the financial institution named below, hereinafter called Financial Institution, to debit the same to such account.

**\*\*\*PLEASE ATTACH A VOIDED CHECK TO THIS FORM\*\*\***

Financial Institution Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Type: (choose one)  Savings  Checking

Amount: \_\_\_\_\_ Start Date: \_\_\_\_\_

Frequency of Debit: (choose one)  Weekly  Biweekly  Monthly

This authorization is to remain in full force and effect until Tremont Credit Union has received written notification from me (or either of us) of its termination in such time and such manner as to afford Tremont Credit Union and Financial Institution a reasonable opportunity to act on it. Confirmation of this authorization agreement will be mailed to my (our) address on file.

Name(s): \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Member Number: \_\_\_\_\_ Acct to credit: \_\_\_\_\_  
Savings, Checking, or Loan

**Note:** All written debit authorizations MUST provide that the receiver may revoke the authorization only by notifying the originator in the following manner: To revoke an authorization, please contact the Operations Center at 781-843-5626 and request the proper form for revocation. The form can be faxed or mailed to your address on file; you may also come in to any one of our branches and fill it out. **All revocations must be received by the credit union at least ten business days prior to the scheduled debit date.**

**FOR TREMONT CREDIT UNION USE ONLY**

Date Received \_\_\_\_\_ TCU Representative: \_\_\_\_\_

Branch: \_\_\_\_\_