

# Authorization Agreement for Pre-Authorized Withdrawals Checklist

---

Please use the Authorization Agreement for Preauthorized Withdrawal form to make regular weekly, biweekly, or monthly transfers from your DCU Savings or Checking account to another Financial Institution.

To speed processing of your request, please follow these steps...

1. Fill out the Authorization Agreement for Preauthorized Withdrawal form completely and sign it. Incomplete or unsigned forms will delay processing your request.
2. Send your form to DCU for processing in one of the following three ways:
  - Fax your form to 508.772.0563
  - Bring your form to any DCU branch office, or
  - Mail your completed form to:

**Digital Federal Credit Union  
Electronic Services Center  
220 Donald Lynch Boulevard PO Box 9130  
Marlborough, MA 01752**

## What you can expect

---

If you fax your completed form to us, we'll process your request within 48 hours of receipt.

If you bring your completed form to a DCU branch, we'll process your request within 48 hours.

If you mail your completed form to us, allow 2 weeks for postal delivery and DCU processing.

## Pre Authorized Withdrawal Form (Continued)

This form is used when a DCU Member is depositing money into another institution from DCU.

1. DCU Member No.            Enter the membership number
2. Member Name              Enter the member's name
3. E-Mail Address             Enter member's E-Mail address
4. Daytime Phone No.        Enter member's daytime phone number
5. Type of Withdrawal        Check off and enter where the funds are to be withdrawn from @DCU
6. Frequency                  Check off and enter when the funds are to be withdrawn from @ DCU

Weekly – The member needs to pick a day out of the week that they would like the funds withdrawn from their account at DCU. (Monday – Friday only)

BI-Weekly –The member needs to pick a day out the week that they would like the funds withdrawn from their account at DCU. (Monday – Friday only)

Monthly - The member needs to pick a day out the month that they would like the funds withdrawn from account at DCU. (Enter 1 – 31 only) Note: If the member chooses 31 and there is only 30 days of the month, we will make the transfer on the next business day.

7. Member Signature         Member needs to sign this form in order to process
8. Amount                      Enter the amount to be deposited at other institution
9. Account No.                Enter the account number at other institution
10. Routing & Transit No.    Enter the other Institutions 9 digit ABA no.
11. Institution Name         Enter the name of the Institution funds are being deposited to
12. Street Address            Enter complete street address of the other institution
13. City/State/Zip            Enter complete address of the other institution
14. Phone                      Enter main phone number to the other institution
15. Name of Account Holder   Enter the name on the account at other institution



BANKING – THE DCU WAY

220 Donald Lynch Blvd • PO Box 9130 • Marlborough, MA 01752-9130  
508.263.6700 • 800.328.8797 • dcu.org • dcu@dcu.org

# AUTHORIZATION AND AGREEMENT FOR PREAUTHORIZED WITHDRAWALS

## DCU (Debiting Institution) INFORMATION

Institution Name **DIGITAL FEDERAL CREDIT UNION**  
Street Address 220 Donald Lynch Blvd.  
City/State/ZIP Marlborough, MA 01752  
Phone (including area code) 508.263.6700

- New Request  
 Change Request

DCU Member No. \_\_\_\_\_ Member Name \_\_\_\_\_  
E-mail Address \_\_\_\_\_ Daytime Phone No. \_\_\_\_\_

### Type of Withdrawal (allow three (3) days for the first Pre-authorized Withdrawal to be made):

- Withdrawal from DCU Savings Account # \_\_\_\_\_  Withdrawal from DCU Checking Account # \_\_\_\_\_

### Frequency:

- Weekly: Choose Day of Week \_\_\_\_\_ \* Monday- Friday (If holiday, next business day)  
 Bi-Weekly: Choose Day of Week \_\_\_\_\_ \* Monday- Friday (If holiday, next business day)  
 Monthly: Choose Date of the Month (1 - 31) \_\_\_\_\_ \* (If weekend or holiday, next business day)

\* I agree to make the funds available for withdrawal 24 hours prior to the day I have chosen. I understand if the funds are not available at this time I may incur a fee for overdrawing my account as disclosed in your Schedule of Fees and Service Charge.

I hereby authorize DCU to initiate debit entries against my account for the amount and at the frequency set forth above. The funds are then to be electronically transferred by DCU to the company or financial institution named below. I acknowledge that this request does not violate the provisions of United State law as it applies to ACH transactions. I understand I have a right to stop this preauthorized withdrawal by notifying DCU at least three (3) business days prior to the next scheduled debit from my DCU account and that there may be a fee for that service. Further I agree that DCU will require written confirmation of an oral stop-payment order within fourteen (14) days. This will be a permanent stop payment on this preauthorized withdrawal. I may however, establish a new preauthorized withdrawal to the same financial institution or company in the future. I also authorize adjustment entries in the event of erroneous transactions on my account. I agree to hold DCU harmless for any expenses, including fees, incurred as a result of its inability to process a scheduled preauthorized withdrawal due to: my having supplied incorrect information; its having acted on a stop payment order; or, there being insufficient funds in the account I have designated.

**This authorization remains in full force and effect until Digital Federal Credit Union has received written notification from me of its termination and has had reasonable opportunity to act upon it.**

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

## Financial Institution or Company Receiving Funds

It is advised that you acquire the following information directly from the receiving institution

Amount (Include cents) \$ \_\_\_\_\_

Account No. \_\_\_\_\_  Checking or  Savings

(Nine-digit) Routing Transit No. 

--	--	--	--	--	--	--	--	--

Institution Name \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Phone (including area code) \_\_\_\_\_

Name of Account Holder \_\_\_\_\_

\*\*\*\*\* Fax Completed form to 508.772.0563\*\*\*\*\*

<b>INTERNAL USE ONLY</b>	
Date Received ____/____/____	Processed by # _____
Date Processed ____/____/____	Start Date ____/____/____