

Pre-Authorized Transaction Authorization

To set up* or cancel a Pre-Authorized Transaction, we need the following:

- Completed and signed Pre-Authorized Transaction Authorization.

Please provide the requested information on the following form and fax to 313.322.8515 *or* return to DFCU Financial, PO Box 610, Dearborn MI 48121.

If you have any questions, please visit any branch location or contact us at 888.336.2700.

*If you are a DFCU Online user, our online banking platform offers flexible self-service options for setting up pre-authorized transactions.

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P.O. BOX 6048
 DEARBORN, MICHIGAN 48121
 PH 888.336.2700
 dfcufinancial.com

Pre-Authorized Transaction Authorization

Member Name: _____ Member Number: _____

Sending Account Number: _____

Type of Request

Check Only One			
<input type="checkbox"/> New	<input type="checkbox"/> Cancel	<input type="checkbox"/> Change	<input type="checkbox"/> Skip - Start Date: _____ End Date: _____

Transfer Details

Receiving Checking, Savings or IMMA Account Number	Amount	Start Date	Frequency*
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

*Available Frequencies: Annual, Semi-annually, Quarterly, Monthly, Bi-Weekly, Weekly, Daily

Authorization

By signing below, I authorize DFCU Financial to withdraw funds from the indicated account and apply these funds to the indicated account(s) as noted above. I agree to notify DFCU Financial in writing of any changes in my account information or termination of this authorization at least 72 hours in advance of the next schedule transfer date.

I understand that there is a limit of six (6) preauthorized transfers per month from a Savings or IMMA account.

This authorization cancels and supersedes all previous authorizations.

 Account Owner/Business Signer Signature

 Date

Date _____ Branch _____ Employee _____ Verified By _____