## **Automatic Check Disbursement Authorization**

|   | Member Number: |         |              | _ Member's Name(s) |  |               |
|---|----------------|---------|--------------|--------------------|--|---------------|
|   | Date of R      | equest  |              | New                | Update                                     | Cancel        |
| I authorize Opportunities Credit Union to withdraw money from my account in the form of a check as follows: |                |         |              |                    |  |               |
| How oft   | en:            | Monthly | Semi-Monthly | Bi-Weekly          | Weekly                                     | One Time Only |
| The first check will be sent on (Start Day/Date)  |                |         |              |                    | _ (please allow time for mailing to occur) |               |
| The last check will be sent on (End Day/Date)   |                |         |              |                    |  |               |
| Total Amount of Check \$  |                |         |              |                    |  |               |
| Check Made Payable to: (name) (Mailing address)   |                |         |              |                    |  |               |

I understand that the check disbursement will only occur if I have enough money available in my designated account on the day the disbursement is scheduled to be made. If there are not sufficient funds in the account on the disbursement date, the check will not be sent. I have received a copy of the fee schedule and authorize you to debit my account for the fee for this service. If I decide to terminate this authorization, I will notify you at least 5 days in advance of the next scheduled check disbursement.

X \_\_\_\_\_ Signature

Date

For Opportunities Credit Union Staff Only:

Date entered in FLEX:

Entered by: