



ACH Authorization TEL Form

Member Name: _____ Date of Oral Authorization: _____

Daytime Phone Number: _____ Email Address: _____

Name of Financial Institution funds will be withdrawn from:

Bank Routing Number: _____ Bank Account No. _____

Checking ☐

☐ Savings

The payment will be withdrawn on or after: (MM/DD/YY) _____
(Must be at least 1 business day from today)

Payment Amount: \$ _____ (A \$5.00 fee will automatically be added)
(Cannot exceed 2x loan amount)

Credit to Account: _____ Loan No. _____
(TCFCU Account)

If the above account is closed or paid in full excess funds will be deposited in the members savings

This Disclosure MUST be Read to the Member Before Originating Payment:

Tulare County Federal Credit Union will use the information provided during this call to originate a one-time debit entry to account _____ at _____ routing no. _____ that you are an authorized signer on. Your account will be debited on or after _____ in the amount of \$ _____ plus a \$5.00 fee. The funds will be used to credit your account _____. You understand that you are responsible for reimbursing the Credit Union for any rejected payments and/or fees resulting from rejected payments. If you have questions regarding your account, you can reach us during normal business hours at 559-686-1791. A notice containing this information will be sent to you at your address on record. Would you like to proceed?

Credit Union Staff that Read Disclosure: _____ Date: _____

Date Notice was mailed to Member: _____

For Credit Union Use Only

Employee Processing Form: _____ Date: _____

Employee Auditing ACH: _____ Date: _____