



Authorization Agreement for Pre-Authorized Payments Checklist

Please use the *Authorization and Agreement for Pre-Authorized Payments* form to make automatic regular weekly, biweekly, or monthly transfers from another Financial Institution to your DCU checking, savings, or loan account.

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

1. Fill out the Authorization Agreement for Pre-Authorized 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 Deposit Form (Continued)

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

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 Deposit Check off and enter where the funds are to be deposited into DCU
6. Frequency Check off and enter when the funds are to be deposited into DCU

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

Monthly - The member needs to pick a day out the month that they would like the funds deposited to their 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 Amount Enter the amount to be withdrawn at other institution
9. Account No. Enter the account number at other institution
10. Routing & Transit No. Enter the other institution's 9 digit ABA No.
11. Institution Name Enter the name of the institution funds are being withdrawn from
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 Pre-authorized Payments

DCU (Receiving Institution) Information

(Nine-digit) Routing Transit No.

2	1	1	3	9	1	8	2	5
---	---	---	---	---	---	---	---	---

- ☐ New Request
☐ Change Request

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

DCU Member No. _____ Member Name _____

E-mail Address _____ Daytime Phone No. _____

Type of Deposit/Payment (allow three (3) days for the first pre-authorized deposits to be made):

- ☐ Deposit to DCU Savings Account # _____
☐ Payment to DCU Loan # _____
☐ Deposit to DCU Checking Account # _____
☐ Payment to DCU Mortgage # _____

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.

** Not available on mortgages and certain loans.

I hereby authorize the initiation of a periodic deduction from my account at the financial institution named below through the Automated ClearingHouse (ACH) system, and authorize said institution to debit my account for the amount and at the frequency set forth above. 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 automatic payment by notifying either the institution named below or DCU, in writing, at least three (3) business days prior to the day my account is scheduled to be charged 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 payment. I may however, establish a new preauthorized payment from 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 indicated.

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 _____

Debiting Financial Institution

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

Amount (Include cents) \$ _____

Account No. _____ ☐ Checking or ☐ Savings

(Nine-digit) Routing Transit No.

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

Institution Name _____

Street Address _____

City/State/ZIP _____

Phone (include area code) _____

Name of Account Holder _____

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

INTERNAL USE ONLY

Date Received ____/____/____ Processed by # _____

Date Processed ____/____/____ Start Date ____/____/____