

Authorization for Automatic Debit/Credit Transfers



the credit union in your corner

Completed form can be faxed to: 248-373-1339

I authorize Cornerstone Community Financial (CCF) to initiate a debit/credit transfer from the Financial Institution (FI) listed below. I understand that I control this transfer, and if at any time I decide to discontinue this transfer, I will notify CCF in writing. I understand that funds must be made available one business day prior to payment date. I understand that if the transfer rejects for any reason such as NON-SUFFICIENT FUNDS (NSF), ACCOUNT CLOSED, STOP PAYMENT or any other exception, CCF reserves the right to cancel this transfer request. I also understand that if I cause this transaction to reject because of NSF, ACCOUNT CLOSED, STOP PAYMENT I may be charged a NSF fee of \$30.00. I further understand that this item may or may not be presented a second time, at the discretion of CCF. This transaction will not violate laws of the United States of America and will comply with OFAC sanctions.

Please note: Any faxed forms will need to be verified before authorization can be processed.

***Complete SECTION 1 in full to authorize an electronic transfer.**

SECTION 1

Account Information for Debit (withdrawal)

Financial Institution Name _____ F.I. Phone Number _____

Name on account _____ ABA Number _____

Account number to debit _____ Select One: Savings Checking

Amount to debit _____ Date(s) to debit _____

Account Information for Credit (deposit or payment)

Financial Institution Name **Cornerstone Community Financial** ABA Number **272477429**

Name on Account _____ Member Phone Number _____

Date to begin _____ Frequency of transfer: Monthly Bi-weekly (26 pays) Weekly

Account number to credit _____ Select One: Savings Checking Loan _____
Loan I.D. number

I understand transfers will take 30 days to start.

Check if you would like confirmation of receipt emailed to you E-mail address _____

Member Signature _____ Date _____

Employee Initials _____ Date _____

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Schedule _____ Account set up by _____ Date _____ Comment _____

Verification by _____ Date _____ Pmts initiated by _____ Pmts approved by _____

File sent by _____ Fax confirmation-Call back by _____ Date _____

***Complete SECTION 2 in full to cancel a previously authorized electronic transfer.**

SECTION 2

Cancellation of Electronic Transfer

I (we) would like to cancel my automatic payment/transfer from _____
(Financial Institution)

to Cornerstone Community Financial effective _____
(date)

Member Name(s) _____ CCF Account Number _____

Signature(s) _____ Date _____

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Cancel Automatic Transfer Date _____ Schedule Name _____

Employee Signature _____ Verified by _____