

Autopayment Authorization

Document Instructions:

Filling out this document will create a debit of your other financial institution and a credit to your designated account at Redstone. The following document must be signed for the request to be processed.

Attach a preprinted voided check or deposit slip from your savings account at your other financial institution.

Requestor is required to be on the RFCU account and the account at the other financial institution.

At Branch:

Bring to any branch office

By Fax:

256-722-3600

By Mail:

Redstone Federal Credit Union
ATTN: ACH/Wire Processing
220 Wynn Drive
Huntsville, AL 35893

Autopayment Authorization to Redstone

Request Type: New Change Cancel

Member Number: _____

Credit Information

RFCU Account Number: _____ Transfer Amount: _____

Start Date: _____

Frequency: Weekly Bi-Weekly Monthly Semi-Monthly

Member Name: _____

Address: _____

Phone Number: _____

Debit Information

Financial Institution Name: _____

Financial Institution Routing Number: _____

Financial Institution Account Number: _____

Name on Account: _____

Members's Signature

I authorize Redstone Federal Credit Union to debit my account with the Financial Institution named. The Autopayment will not take place if there are insufficient funds in my designated account. I understand that I will be charged an NSF fee according to the fee schedule at that time, and that I am responsible for sending the amount due by check or by other means to Redstone Federal Credit Union. This authorization will remain in effect until Redstone Federal Credit Union receives my written notice of cancellation, with sufficient and reasonable time for the cancellation to take effect, or upon a 10-day notice of termination from Redstone Federal Credit Union. I agree to indemnify and hold Redstone Federal Credit Union harmless from any and all claims as a result of my request and authorization to initiate Autopayment debits from my account.

Signature of Member: _____ Date: _____

Attach a preprinted voided check or deposit slip from your savings account at your other financial institution.

FOR REDSTONE FEDERAL CREDIT UNION USE ONLY

For Branch Use Only:

Accepting Employee: _____ Branch: _____ Extension: _____

For Automated Operations Use Only:

Date Received: _____ Processed By: _____