

AUTOMATIC (ACH) TRANSFER OPTION AGREEMENT FOR PRE-AUTHORIZED TRANSFERS.



We offer automatic bank transfers whereby your funds can be electronically transferred to and from your account here at Link. This service is FREE to you. It will SAVE you time and money by reducing the hassle of mailing Federal Credit Union payments (no more stamps!), or coming to the branch to make that deposit/withdrawal you do on a regular basis! To initiate this service, simply complete and return the form below, and include a voided check from your account at your other financial institution. Automatic transfers will begin on the date you specify as "start date". Until that date please continue to make your payments/transfers as you have been. If you have any questions, please contact us at 1-800-467-LINK (5465).

Link FCU Information – ABA or R&T #274074192	
Member Name	Link FCU Account Number
Street Address	Type of Account (Please check one) <input type="checkbox"/> Savings suffix _____ <input type="checkbox"/> Checking suffix _____ <input type="checkbox"/> Loan suffix _____
City, State, Zip Code	Daytime Phone Number
Member Signature	Date

Please select the automatic transfer option you wish to utilize:

- ❖ Debit my account at another financial institution to make my LFCU loan payment.
 Monthly Loan Payment Amount _____
- Start payments on: _____ (Payments will be made each month on this date)
- ❖ Debit my account at another financial institution to make a regular deposit to one of my LFCU accounts.
 Transfer Amount _____
 Frequency: On Demand for Audio/Internet Withdrawals One time only (effective next business day) Monthly
 Semi-Monthly (15th & 30th) Weekly Bi-Weekly
 Start payments on: _____ (Transfers will continued at selected frequency from this date)
- ❖ Debit my account at Link Federal Credit Union to make a regular deposit to my account at another financial institution
 Transfer Amount _____
 Frequency On Demand for Audio/Internet Withdrawals One time only (Effective next business day) Monthly
 Semi-Monthly (15th and 30th) Weekly Bi-Weekly
- ❖ Debit my account at Link Federal Credit Union to make a regular loan payment at another financial institution.
 Monthly Transfer Amount _____
 Start payments on: _____ (Payments will be made each month on this date)

I authorize Link Federal Credit Union to initiate debit and/or credit entries to my account listed below, and I request and authorize the financial institution named below to accept and honor the same. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authorization will remain in full force and effect until LFCU has received written notification from me of its termination in such time and manner as afford LFCU a reasonable opportunity to act on it.

Other Financial Institution Information	
Name of Financial Institution	Financial Institution Phone Number
Name(s) on Account	Account Number
Type of Account (please check one) <input type="checkbox"/> Checking <input type="checkbox"/> Loan <input type="checkbox"/> Savings	9-digit Financial Institution Routing Number/ABA#
Signature of above account owner	Date

Mail to: Link Federal Credit Union, 5212 Rockville Rd Indianapolis, IN 46224

Fax: 317-240-5048