



Texas Tech Federal Credit Union
ACH AUTHORIZATION AGREEMENT TO SEND FUNDS TO ANOTHER INSTITUTION

This authority is to remain in full force and effect until Texas Tech Federal Credit Union has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the credit union a reasonable opportunity to act on it. **If the normal transaction date is a Saturday, Sunday, or banking holiday, the credit will be made the banking day AFTER the normal (effective) date.**

OTHER BANK INFORMATION (SEND FUNDS TO) :

BANK NAME _____	PHONE# _____
ADDRESS _____	
CITY _____	STATE _____ ZIP _____
ROUTING & TRANSIT / ABA NO. _____	ACCOUNT# _____
NAME ON ACCOUNT _____	
TYPE OF ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOAN	
(Please attach a voided check or loan coupon)	
I hereby authorize Texas Tech Federal Credit Union to initiate credit entries to my account at this institution and also authorize this institution to credit the same to my account. I also authorize any debit entries and adjustments necessary for any credit entries made in error to my account and authorize the named institution to honor the same. I agree to be bound by the terms of this Agreement and the operating rules and operating guidelines that have been adopted by the National Automated Clearing House Association (NACHA) and the Southwestern Automated Clearing House Association (SWACHA) (together with any amendments or revisions).	
ACCOUNT OWNER'S SIGNATURE _____	DATE SIGNED _____

TRANSACTION INFORMATION

AMOUNT \$ _____	TRANSACTION DESCRIPTION: _____
TRANSACTION DATE(S): 1 5 10 16 20 25	MONTHLY BEGINNING DATE:(Mo) _____ (Day) _____
(Please circle one)	

TEXAS TECH FEDERAL CREDIT UNION ROUTING NUMBER 311386073

NAME ON ACCOUNT _____	
TAKE FUNDS FROM	
ACCOUNT NO. _____	CHECKING _____ SAVINGS _____
(Please select one of the above)	
I hereby authorize Texas Tech Federal Credit Union to initiate debit entries to my account. I also authorize any adjustments necessary for any debit entries made in error to my account. I agree to be bound by the rules governing automated transfers.	
ACCOUNT OWNER'S SIGNATURE _____	DATE SIGNED _____
(This signature will be verified for authenticity)	
Daytime phone number (_____) _____	
(Please provide a number where you can be reached today if we have any questions about this form)	

Employee Signature _____ Date _____ Officer Approval _____

Note: If your account balance is insufficient at the time of this transfer, the funds will be recalled and your account will be charged the NSF fee currently in effect.

Completed form may be faxed to Texas Tech Federal Credit Union (806) 742-3699

FAX



Texas Tech Federal Credit Union

Phone: 806-742-3606

Fax: 806-742-3699

To: _____

Attention: _____

Fax: _____

Number of Pages
(Including this page) _____

Sent By: _____

Date: _____

Time: _____

Comments: _____

If not properly received, please call 806-742-3606.

The content of this transmission is confidential information intended only for the use of the organization or person named above. Further distribution or copying of the content is prohibited. If you have received the FAX in error, please call us immediately toll free at 877-546-1818. Thank you for your assistance.