SOUTHEAST MISSOURI COMMUNITY CREDIT UNION

PO BOX 532 – 312 WEST MAIN STREET PARK HILLS, MO 63601 573-431-3573 OR 1-800-331-3573 FAX # 573-431-3922

ACH DIRECT DEBIT AUTHORIZATION

FINANCIAL INSTITUTION INFORMATION TO DEBIT PAYMENT FROM:	
FINANCIAL INSTITUTION:	PH:
NAME ON ACCOUNT:	
	ROUTING #
PAYMENT WILL BE CREDITED TO:	
SOUTHEAST MISSOURI COMMUNITY CREDIT UN	ION
NAME ON THE ACCOUNT:	
ACCOUNT #	ROUTING # <u>218980622</u>
DEBIT MONTHLY ON THEPRIOR TO THIS DATE, SHOULD IT FALL ON A WEE	DAY OF THE MONTH, OR THE FIRST BUSINESS DAY KEND OR HOLIDAY.
SIGNATURE:	DATE:

I AUTHORIZE SOUTHEAST MISSOURI COMMUNITY CREDIT UNION TO INITIATE DEBIT AND/OR CREDIT ENTRIES TO MY ACCOUNT LISTED, AND I REQUEST AND AUTHORIZE THE FINANCIAL INSTITUTION NAMED TO ACCEPT AND HONOR THE SAME. I ACKNOLEDGE THAT THE ORIGINATION OF ACH TRANSACTIONS MUST COMPLY WITH THE PROVISIONS OF U.S. LAW. THIS AUTHORIZATION WILL REMAIN IN FULL FORCE & EFFECT UNTIL SMCCU HAS RECEIVED WRITTEN NOTIFICATION FROM ME OF ITS TERMINATION IN SUCH TIME AND MANNER AS TO AFFORD SMCCU A REASONABLE OPPORTUNITY TO ACT ON IT. ELECTRONIC FUNDS TRANSFER DISCLOSURE IS ON REVERSE SIDE.