

## Member ACH Authorization Form

Date:	_____
Member Name:	_____
Member Number:	_____

\*\*\*\*Select **ONE** of the options below\*\*\*\*

**Incoming/To TTCU Account**

Sending Financial Institution Name:	_____
Routing Number:	_____
Account Number:	_____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Amount of Transaction:	_____
TTCU Account type to receive funds?	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan Number _____

**Outgoing/From TTCU Account**

Receiving Financial Institution Name:	_____
Routing Number:	_____
Account Number:	_____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Amount of Transaction:	_____
TTCU Account Type to send funds?	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

_____	_____
Member Signature	Date
_____	_____
Financial Representative	Date