



**AUTHORIZATION AGREEMENT
PREAUTHORIZED DEBIT**

New Authorization ___ **Change of Authorization** ___ **Cancel Authorization** ___

I authorize the _____ to initiate debit transactions from my account at TOLEDO AREA COMMUNITY CREDIT UNION as follows:

Member Name _____

Address _____

Account Number _____

Checking _____ Savings _____ (Please specify)

Transit/ABA Number: **241282577**

I authorize _____ to deduct my monthly payment from the above account. I understand that if I decide to discontinue this agreement I will notify the Company in writing. I will also notify TOLEDO AREA COMMUNITY CREDIT UNION at the following address:

Toledo Area Community Credit Union
5121 Whiteford, Sylvania, OH 43560
419-841-9838

Signature _____ Date _____

Daytime phone _____

TACCU Account Number _____ (Please include share type)