



# DEERE EMPLOYEES CREDIT UNION

Exclusively for the John Deere family

## ACH AUTHORIZATION / ELECTRONIC FUNDS TRANSFER (EFT)

**Please mail or fax application to:**

P.O. Box 339 Moline, Illinois 61266-0339

Fax: (309) 743-1100 . Tel: (800) 338-6739 . Email: Service@dccu.com

I (We), the undersigned, hereby authorize Direct Transfer Transactions to be initiated and processed to the accounts indicated below. Adjusting entries to correct errors are also authorized. I (We) further authorized and consent to Deere Employees Credit Union releasing information about my (our) Deere Employees Credit Union account to another institution to carry out my (our) instructions for Direct Transfer Service. This authority will remain in effect until I have cancelled in writing.

**Member Name:** \_\_\_\_\_ **DECU Account #:** \_\_\_\_\_

**Member Daytime Phone:** \_\_\_\_\_

**Signature(s):** X \_\_\_\_\_

X \_\_\_\_\_

*We must have signatures from the owner(s) of the withdrawal account.*

### Withdrawal Information

Amount to be withdrawn/transferred: \$ \_\_\_\_\_

Financial Institution Name (transfer from): \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Type:  Checking  Savings

Name(s) as they appear \_\_\_\_\_

on the withdrawal account: \_\_\_\_\_

### Deposit Information

Financial Institution Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Type:  Checking  Savings  Consumer Loan  Mortgage

### Frequency:

Weekly  Semi-monthly (15/EOM)

Bi-Weekly  Monthly

Other/ One-time \_\_\_\_\_ **Start Date:** \_\_\_\_\_

### Internal Use Only:

Date entered into System: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ User ID# \_\_\_\_\_ Initials \_\_\_\_\_