



DIRECT DEPOSIT ACH AUTHORIZATION

I, _____ do hereby give the Independence Teachers Credit Union, 201 N Forest Ave Suite 3, Independence, MO 64050, the authority to withdraw funds from my share savings account # _____ with said credit union and electronically transfer the funds upon verbal request to my checking/savings account number _____ at _____.

This authorization shall remain in effect until authorization is revoked by me in writing.

Password _____ Hint: _____

Member Signature

Date

Please attach a VOID check.

201 N Forest Avenue Suite 3
Independence, MO 64050-2513
Phone: 816-521-5378 Fax: 816-521-5603