

## Authorization Agreement for Direct Transfer to UPMA PAC

I hereby authorize Signature Federal Credit Union (SFCU) to initiate debit entries to my account indicated below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law. This authorization is to remain in effect until SFCU has received written notification from me of its termination in such time and in such manner as to afford SFCU a reasonable opportunity to act on it.

Information			
Name		Date	
Address	City	State	ZIP
UPMA Association Member Number		Effective Date	
Authorized Signature			

Transfer/Distribution Instructions
Please transfer \$_____ from my incoming deposit as indicated below:
<input type="checkbox"/> Postal Payroll <input type="checkbox"/> Postal Retirement <input type="checkbox"/> Other _____
<b>OR</b>
Please transfer \$_____ directly from my SFCU account indicated below using the following information:
<input type="checkbox"/> Account Number _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Savings ID _____ <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Checking ID _____ <input type="checkbox"/> One Time <input type="checkbox"/> Money Mkt ID _____
Please distribute the funds to the UPMA PAC account held at SFCU.
I understand that this deduction distribution will continue based on the frequency indicated above. I may change the distribution amount or cancel the distribution in its entirety by notifying an SFCU representative.
<b>NOTE: DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.</b>

For Signature FCU Use Only		
Date Received	Data Entry Date	End Date of Origination

Return the completed form by mail, email, or by using our Secure Upload button on our website.

