WESTERN CATHOLIC UNION
A FRATERNAL BENEFIT SOCIETY
510 Maine Street, Quincy, Illinois 62301
(800) 223-4928 – (217) 223-9721
Fax (217) 223-9726
www.wculife.org

ACH AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

Customer Information:

Name(s) on Account: _____

Certificate Number: _____

Account Holder's SSN/TIN: _____

Bank Information:

Name: _____

ABA/Routing Number: _____

Account Number: _____

Account Type: _ _ Checking _ _ Savings

Amount: $_____ Start Date: _____

Frequency: _____ Monthly _____ Quarterly _____ Semi-Annual _____ Annual

Authorized Account Holder Signature(s):

I/We hereby authorize The Bank to initiate the above transaction to my account for purposes of the above stated Automated Clearing House (ACH) transaction.

Printed Name: _____

Signature: _____ Date: _____

Printed Name: _____

Signature: _____ Date: _____

Please attach a voided check.

For Internal Use Only:

Journal Entry By: _____ Date: _____

Verified By: _____ Date: _____