



**Shared Resources
Credit Union**
est. 1949

**2102 E. Pasadena Fwy
Pasadena, TX 77506
713-473-9244
www.srcu.net**

Se Habla Español

Date: _____

I, _____, authorize Shared Resources Credit Union to automatically draft my account with _____, account number is _____ routing number is _____ on the _____ of (monthly, weekly, bi-weekly, semi-monthly, one-time) in the amount of \$ _____.

My member number with Shared Resources Credit Union is _____ and I want this transfer to be applied to my (Checking/Savings/Loan _____). My contact telephone number is _____.

A cancelled check is attached to verify my account number with _____. This notice shall serve as an authorization for the automatic transfer to begin on _____.

I (we) understand that this authorization will remain in full force and effect until I (we) notify Shared Resources Credit Union that I (we) wish to revoke this authorization. I (we) understand that Shared Resources Credit Union requires at least 2 business days prior notice in order to cancel this authorization.

Date _____

Name(s) _____

Signature(s) _____

Form filled out by: _____ Date: _____

Form completed by: _____ Date: _____