



**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 number \_\_\_\_\_ on the \_\_\_\_\_ day of each month in the amount of \$\_\_\_\_\_.

These monies are to be applied to account number \_\_\_\_\_ at \_\_\_\_\_ . Their routing 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: \_\_\_\_\_