



Electronic Payment Authorization Form

Submit this form to the merchants and service providers with which you have automatic payment charged from your account. * This may include but is not limited to: Loans, Cable, Phone, Insurance, Internet, Gas, Electric, Water and Account Transfers.

Name of Payee/Merchant _____

Address _____

City _____ State _____ Zip _____

Your Name _____ Account Number _____

FINANCIAL INSTITUTION INFORMATION:

Your Legacy Federal Credit Union

25 Shaffer Park Dr.

Tiffin, Ohio 44883

Routing/Transit Number: **241281772**

Effective/Start Date: _____

Checking Account Number: _____ Amount \$ _____

Savings Account Number: _____ Amount \$ _____

I hereby authorize and request the merchant named above to withdrawal the amounts indicated from Your Legacy Federal Credit Union beginning on the effective/start date indicated above and until further notice from me. If this is a change in a previous Authorization, I instruct my employer to cancel my previous Authorization and to follow this Authorization.

Signature _____ **Date** _____