Good Samaritan
Federal Credit Union

PO Box 5038
Sioux Falls SD 57117-5038

Phone: 605-361-9685
Toll-free: 800-488-4584
www.goodsamaritanfcu.com

AUTOMATIC PAYMENT AUTHORIZATION

I hereby authorize GOOD SAMARITAN FEDERAL CREDIT UNION to initiate debit entries and to initiate, if necessary, credit entries and adjustments regarding the following banking accounts:

(Money comes from)

My Bank Name:_____

City:_____

Routing/ Transit Number:_____

My Account Number:_____

(Savings_____ or Checking_____)

(Money goes to)

The TOTAL amount of $_____ is to be credited to my Good Samaritan Credit Union account #_____as indicated below:

Please circle your choice of one below:

- Weekly
- Bi-weekly (every two weeks)
- Semi-monthly (twice a month)
  - Choose the two dates:_____ and _____
- Monthly

This authorization will begin on _____ and will remain in effect until Good Samaritan FCU has received written notice from me of its termination. Written notice must be received at least three (3) days prior to the transaction date.

Name: (print)_____

Signature:_____ Date:_____

Phone number where you can be reached:_____

Mail original or fax form to **1-605-362-3390**.

OFFICE USE ONLY

date _____