



Automatic Deposit or Withdrawal Authorization

Complete and submit this form to the company you are requesting to initiate Automatic Deposit to or Withdrawal from your TAPCO Credit Union account.

Name	Company (name of company who will be initiating deposit or withdrawl)
TAPCO Credit Union Account Information	
Member Number	Account
Routing Number	Savings
	Checking
Phone	Deposit
	Withdrawal
Authorization	
I hereby authorize the company listed above to initiate Automatic Deposit to or Withdrawal from my TAPCO Credit Union account. This authorization will remain in effect until the company has received written notification from me to terminate	
Signature	Date