



ANNUITY AND IRA PRE-AUTHORIZED CREDIT CHARGE (PAC) FORM

SECTION 1 – Account Information

Annuity or IRA Contract Number: _____

Name: _____

Social Security Number: _____

Email: _____

Phone: _____

SECTION 2 – Payment Schedule

I authorize FCSU Financial® to initiate debit entries to withdraw the amount of \$ _____ from my designated account on a recurring basis, commencing on or about the 15th day of the month. The debit entries will occur on the following schedule:

- Monthly
- Quarterly
- Semi-Annually
- Annually

SECTION 3 – Payment

You **MUST ATTACH A VOIDED CHECK or SAVINGS ACCOUNT STATEMENT** with owner named on the bank account.

Bank Name: _____ Type of Account: Checking Savings

ABA Routing #: Bank Acc.#:

SECTION 4 – Pre-Authorization Agreement

I agree to inform FCSU Financial in writing of any changes to my account or my intent to terminate this pre-authorization at least fifteen (15) days prior to the next scheduled billing date. If the payment dates fall on a weekend or holiday, I understand that the payments may be processed on the following business day. For PAC charge from my checking or savings account, I recognize that, as these are electronic transactions, the funds may be withdrawn from my bank account on or about the 15th day of the month. In the event that a PAC transaction is rejected due to Non-Sufficient Funds (NSF), I understand that FCSU Financial may choose to retry processing the charge within thirty (30) days. I agree to an additional fee of \$35.00 for each attempt that is returned for NSF, which will be processed as a separate transaction from the pre-authorized recurring payment. I acknowledge that all PAC transactions originating from my account must adhere to the regulations set forth by U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank, provided that they align with the terms outlined in this authorization form. I acknowledge that this pre-authorization shall remain in full force and effect until FCSU Financial has received notice of termination from me (Section 5).

SECTION 5 – Termination of Pre-Authorization charge notice

I hereby direct FCSU Financial to cancel my Pre-authorized Credit Charge (PAC). Such notice must be provided in a manner and timeframe that allows FCSU Financial and the Depository a reasonable opportunity to process the termination (at least fifteen (15) days prior).

SECTION 6 – Signatory Acknowledgement

By signing below, I confirm that I have read, understand and agree to the terms specified in this pre-authorization agreement.

Signature _____

Date _____

6611 Rockside Rd, #300 • Independence, OH 44131 • 800.533.6682 • www.fcsu.com

FIRST CATHOLIC SLOVAK UNION OF THE UNITED STATES OF AMERICA AND CANADA