SECTION 1	
Policy #:	
Name:	Social Security #:
Address:	
City:	State: Zip:
Phone:	Email:
SECTION 2	
I (We) hereby authorize FCSU Financial® (hereinafter call	ed "Society") to initiate debit entries to my (our) account indicate
below and the Depository named below, (hereinafter \boldsymbol{c}	alled "Depository"), to debit the same to such account. Furthe
I authorize Society to begin said Debit entries on or about	ut the 15th day of (month) (year)
and to transfer funds from my (our) account on the follow	ing basis until this authorization is revoked:
☐ Monthly ☐ Quarterly ☐ Semia	innually Annually
(either debit or credit) for an amount not to exceed the or	ccount, I authorize Society to make an adjustment to my accoun iginal amount of the erroneous debit. I understand that any not issued and that the effective date of my insurance will be the
•	ety has received written notification from me (or either of us) of d Society and Depository a reasonable opportunity to act on it.
SECTION 3 – Account Information	
Bank Name:	Type of Account: Checking* Savings
ABA Routing #: Bank Acc.#	
*Must include a Voided Check	
Signature	Date

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