



QUANTUM CREDIT UNION

DEBIT AUTHORIZATION

I (we) hereby authorize Quantum Credit Union, to initiate debit entries to my (our) account indicated below.

Member Name:

Date:

Daytime Phone:

Quantum Employee:

Name of Financial Institution:

Routing & Transit Number:

Account Number:

Account Type: Savings Checking

Amount: or amount shown on current statement.

Frequency: Weekly

Biweekly

Semi-Monthly

Monthly

Electronic Transfer Start Date:

This authority is to remain in full force and effect until Quantum has received written notification from me (or either of us) of its termination in such time and manner as to afford Quantum a reasonable opportunity to act on it or until loan is paid in full. Quantum may at any time cancel this authorization due to account abuse.

*** PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM ***

Quantum Account Number:

Savings Checking Loan Number

Signature

Office Use Only

Verify Bank Information:

Set Up ACH: _____

Employee: _____

Set up Loan: