



Electronic Funds Transfer Authorization Agreement

I authorize and direct State Employees Credit Union of Maryland, Incorporated (SECU) to electronically transfer funds from my account at another financial institution to my SECU account. I understand that this transaction may take up to 5 business days and is subject to SECU processing times.

\$ _____ Payment type:
Amount One-time
 Monthly, recurring on the _____ day of the month

From my account at: _____
Financial Institution Name

Address (City, State)

Routing Number (ABA)

Account type Account Number

To credit my account at: SECU
PO Box 13025, Baltimore, Maryland 21203-0325
255076753 (SECU's ABA Routing Number)

SECU Account Number (10 digits)

I assume full responsibility for this authorization and agree to indemnify and hold SECU harmless for any and all claims of any nature including fees against my account(s) as a result of this agreement.

I agree to the terms of this agreement. For recurring transactions, this authorization is to remain in full force and effect until SECU has received written notification from me (or any owner of the account) of its termination in such time and in such manner as to afford SECU and/or the Depository Financial Institution a reasonable opportunity to act on it.

Signed and sealed the day below written.

Print name here Daytime phone

Signature (seal)