

# Draw Account Authorization

To add/change a Draw Account, we need the following:

- Completed and signed Draw Account Authorization.

Please provide the requested information on the following form and fax to 313.322.8515 *or* return to DFCU Financial, PO Box 610, Dearborn MI 48121.

If you have any questions, please visit any branch location or contact us at 888.336.2700.

Account Number

Member Number

Member Name



P.O. BOX 6048  
DEARBORN, MICHIGAN 48121  
PH 888.336.2700  
dfcufinancial.com

## Draw Account Authorization

You hereby request the following accounts for which you are the Tax Owner/Business Signer to be accessed in the following order to pay ACH, Debit Card and Check obligations on the checking account listed above:

**Account Number(s) / Account Type – In Draw Order**

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_
- 7 \_\_\_\_\_

**Waiver of Draw Account(s)**

I waive my right to assign draw accounts to the checking account listed on this form. I understand that funds will not be transferred from any savings or line of credit I have to cover checks, ACH withdrawals or other debits presented on the above checking account. I further understand that I can assign draw accounts to the checking account listed on this form by providing a request in a manner acceptable to DFCU Financial.

Initials: \_\_\_\_\_

By signing below, You hereby authorize Us to transfer funds from Your loan and/or other deposit Account(s) identified above. Your overdrafts will be covered by transferring funds from Your loan and/or other deposit Account(s) identified above and in the order specified. If no priority is noted, transfers will be made from your line of credit up to Your available credit limit, or from Your Savings Account, provided You have enough available funds. You further agree to pay any fees associated with such transfer and hold Us harmless from any and all liability which might otherwise exist if a transfer does not occur.

**This form supersedes and replaces all previous Draw Account Authorization forms.**

\_\_\_\_\_  
Tax Owner/Business Signer Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**FOR CREDIT UNION USE ONLY**

DATE \_\_\_\_\_ BRANCH \_\_\_\_\_ EMPLOYEE \_\_\_\_\_