



TO: DRAFTING ORGANIZATION

MEMBER'S NAME: _____

RE: PREAUTHORIZED DRAFTING INSTRUCTIONS

The above named member has authorized CoastLife Credit Union to honor preauthorize payment debit/credit items drawn by you against the member's checking or savings account at our Credit Union. In order to implement the member's request, it is necessary that you comply with and follow the specifications for drafting as outlined.

Choose either 1 or 2 (depending which one pertains to your type of drafting):

1. PAPER DRAFTING: CHECK must clearly show that it is drawn on this Credit Union. Our electronic processing system requires that a fully encoded **MICR line** be used. Therefore, the information must be encoded in its entirety in the MICR line on all items for the referenced member.

MICR line →	314978417	_____	(Not Required)
	ABA Routing Number	Member Account Number w/Check Digit	Check Number

2. ELECTRONIC FUND TRANSFER (EFT) DEBIT/CREDIT by ACH must clearly show:
(Check only one box.)

- ABA Routing Number: 314978417
- SAVINGS (Credit/Debit): Enter Acct. Number _____
- CHECKING (Credit/Debit): Enter Acct. Number _____

If you should have any questions in implementing your preauthorized drafting of our member, immediately contact a Financial Service Partner at 361-985-6810.