

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

Company/Member Name _____
Company/Member Acct # _____

I (we) hereby authorized _____ Credit Union, hereinafter called Credit Union, to initiate credit entries to my (our) ___ checking account / _____ savings account / ___ loan account from the financial institution named below. I authorized the Credit Union to debit my account at the financial institution listed below and deposit the funds into the account at the Credit Union specified above. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. laws.

Name of Financial Institution to debit funds from:

Financial Institution _____

City _____ State _____ Zip _____

Routing Number _____

Account Number _____

(MUST PROVIDE A COPY OF A VOIDED CHECK FROM THE ABOVE FINANCIAL INSTITUTION)

Amount of the transfer to the Credit Union account _____

Date to beginning credit entries _____

Recurring entry _____ One time Entry _____

Time of the month the credit is to occur each month _____

This authorization is to remain in full force and effect until the Credit Union has received written notification from me (or a joint owner of the account) of its termination in such a time and in such a manner as to afford the Credit Union and the Financial Institution a reasonable opportunity to act on it.

Date _____ Member's signature _____

NOTE: YOU MUST NOTIFY THE CREDIT UNION IN WRITING IF YOU WISH TO CANCEL THIS AUTHORIZATION AS STATED ABOVE.

DATE SIGNED _____ **EMPLOYEE SIGNATURE** _____ **BR#** _____
ACU USE ONLY