



**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT
(ACH DEBITS)**

**SAFCU IS HEREBY AUTHORIZED TO INITIATE
DEBIT/CREDIT ENTRIES TO THE ACCOUNT AS INDICATED
AT THE INSTUTION BELOW:**

NAME OF FINANCIAL INSTITUTION _____

ROUTING/TRANSIT NUMBER _____

ACCOUNT TYPE:

CHECKING # _____ SAVINGS # _____ LOAN # _____

AMOUNT _____

.25% DISCOUNT FOR AUTOMATIC PAYMENT* _____

DATE _____ AUTHORIZED SIGNATURE _____

*MEMBER AGREES TO BE ENROLLED IN AUTOMATIC PAYMENTS FOR ENTIRETIY OF LOAN TO RECEIVE DISCOUNT.
ALL DEBITS/CREDITS MUST COMPLY WITH U.S. LAW. THEY MAY BE REVOKED WITHIN 60 DAYS FROM SETTLEMENT DATE.
ANY NSF FOR RELATED FEES WILL BE ELECTRONICALLY DEBITED FROM YOUR ACCOUNT.

FOR CREDIT UNION USE ONLY
(Off Setting Entry Information)

ACCOUNT TYPE:

CHECKING ____ SAVINGS ____ LOAN ____ GENERAL LEDGER ____

CREDIT UNION ACCOUNT NUMBER _____

DEPOSIT/CREDIT AMOUNT _____ WITHDRAWL/DEBIT AMOUNT _____

START DATE: _____

DATABASE NAME: _____

CREDIT UNION REPRESENTATIVE

DATE

Note: The Receiver may revode this debit or credit authorization by completing a written statement under penalty of perjury form.