

**AUTHORIZATION AGREEMENT
DIRECT PAYMENTS (ACH DEBITS)**

This form must be received at the credit union at least 10 days prior to the start date

I (we) hereby authorize Community Financial Credit Union, hereinafter called COMPANY, to debit entries to my (our) account indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

CREDIT UNION ACCOUNT INFORMATION

This agreement authorizes the automatic payment of the following loan:

Member Name	Account Number	Loan ID	Start Date
Payment Amount	Frequency	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-monthly	

FINANCIAL INSTITUTION INFORMATION

Financial Institution Name	Phone Number		
Address/City/State/ZIP			
Routing/Transit Number	Account Number	Type of Acct: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Name (please print)		Name (please print)	
Social Security #	Telephone # Home: Work:	Social Security #	Telephone # Home: Work:

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Signature	Date	Signature	Date
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PLEASE ATTACH COPY OF A VOIDED CHECK TO THIS FORM