



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OR LOAN PAYMENT (ACH/EFT DEBIT)

I (we) hereby authorize Aurora Schools Federal Credit Union to initiate a withdrawal (debit) from the below financial institution. I (we) acknowledge that the origination of **ACH/EFT TRANSACTIONS** to my (our) account must comply with the provisions of U.S. law.

CHECKING Amount \$ _____
 SAVINGS (SELECT ONE)

Monthly
 Twice a Month
 Weekly (SELECT ONE)
 Bi-Weekly

Starting on ____/____/____*

FINANCIAL INSTITUTION INFORMATION:

Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

This **authorization** is to remain in full force and effect until Aurora Schools Federal Credit Union has received **written notification** from me (or either of us) of its termination in such time and in such a manner as to afford Aurora Schools Federal Credit Union and the Financial Institution a reasonable opportunity(*) to act on it. Any item, returned as Insufficient Funds, will be subject to the Insufficient Fund Fee.

Primary Name _____ Joint Name _____
(Please Print) (Please Print)

Signature(s) _____

Today's Date ____/____/____ ASFCU Account Number _____

Loan due Date ____/____/____ Loan Description _____

Credit Union Representative Signature _____

Attach copy of voided check.

(*) 10 business days required to start or terminate this origination.

OFFICE USE ONLY: Back Office (Initials) _____ Date completed: _____