

Four Points Federal Credit Union

Authorization Agreement for ACH PAYMENTS/DEPOSITS

Member Account #: _____

Member Name: _____

I/we authorize the Four Points Federal Credit Union to debit my/our account with the depository described below in order to credit my/our credit union share or loan account(s).

Depository Name _____

City/State/Zip _____

Transit/ABA # _____ Account # _____

(Please attach a voided check for this account in order to verify the depository's ABA number.)

- Frequency:
- Monthly on the ____ day of the month.
 - Semi-monthly on the ____ and ____ of the month.
 - Biweekly
 - On Demand.
 - One time only.

Effective Date: _____

Funds to be applied as follows:

SH or LN	Member Account #	Amount
Example: SH 00 or LN 01	Example: 1234567	\$00.00

NOTE: ACH payments on loans will automatically be adjusted due to advances or variable rate increases.

This authority will remain in effect until the credit union is notified in writing to discontinue within a reasonable time.

Signature(s)

Date