

**COMBINED FCU AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT
(REOCCURRING ACH DEBIT)**

I (We) hereby authorize Combined Federal Credit Union (originator), to initiate a debit entry to my/our, _____ (checking) _____ (savings) _____ (loan) account indicated below at the Financial Institution named below.

I (We) acknowledge that the origination of the ACH transaction to my (our) account must comply with the provisions of the U.S. law.

Bank to Debit

DEPOSITORY NAME _____

ROUTING NUMBER _____

ACCOUNT NUMBER _____

ACCOUNT NAME _____

AMOUNT _____

Bank to Credit

DEPOSITORY NAME _____

ROUTING NUMBER _____

ACCOUNT NUMBER _____

ACCOUNT NAME _____

AMOUNT _____

FREQUENCY:

Weekly _____ Bi-Weekly _____ Days of the Week _____

Twice a Month _____ Date _____ (Ex: 1st, 15th) Monthly _____ Date _____

This authorization is to remain in full force and effective until Combined Federal Credit Union has received written notification from Me (Us) of its termination.

Name(s) _____ Account Number _____
(Please Print)

Signature _____ Date _____
(This signature authorizes current request and replaces any previous instructions)

ACCEPTED BY: _____

CANCELLED BY: _____

DATE CANCELLED: _____