



Catholic & Community

C R E D I T U N I O N

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS
(ACH DEBITS TO MEMBERS ACCOUNT AT CCCU)**

Member Name: _____ Member Account#: _____

Account to be Debited: Savings Account: _____ Checking Account: _____

Amount to be Debited: \$ _____ Start Date: _____

Schedule: Weekly _____ Bi-Weekly _____ Monthly _____ Other _____

If the date falls on a non-banking day the transaction will be processed the next banking day.

Account funds are to be Credited from:

Account holders name: _____

Institution name and phone# _____ () _____

Institution address: _____

Routing#: _____ Account#: _____ Savings _____ Checking _____

I (we) authorize the Catholic & Community Credit Union to credit my (our) account with Catholic & Community Credit Union and debit my (our) account at the Institution named above. I (we) authorized the Catholic & Community Credit Union to initiate, if necessary, entries and adjustments for any entry in error to my (our) account at the Institution named above and my (our) account at the Catholic & Community Credit Union.

This authorization is to remain in full force and effect until the Catholic & Community Credit Union has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Catholic & Community Credit Union 2 weeks to act on it.

Signature: _____ Date: _____

Signature: _____ Date: _____

There is a \$5.00 fee for any temporary changes. There is a \$5.00 fee if this authorization is started again within 6 months.

I request the Catholic & Community Credit Union to cancel this authorization **Effective 2 weeks from the date signed below.**

Signature: _____ Date: _____

