



Employee: _____
Date Sent: _____

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

PLEASE CHECK ONE: NEW REQUEST _____ CHANGE REQUEST _____

Member Name: _____ CCCU Account #: _____

Member Daytime Contact # _____

Loan to be credited: Loan # _____ Amount to be credited \$ _____

Date Auto Pay to Start _____ (Due date or when to *begin* taking payment)

ACH to be pulled: (select one) Weekly ___ Bi-weekly ___ Monthly ___ Other: _____

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

Loan funds are to be debited from: (please print legibly or attach a voided check if possible)

Account holders name _____

Institution name and phone # _____ () _____

Institution address: _____

Routing _____ Account # _____ Checking _____ **OR** Savings _____

I (we) authorize the Catholic & Community Credit Union to credit my (our) loan account with Catholic & Community Credit Union and debit my (our) account at the Institution named above. **I (we) authorize the Catholic & Community Credit Union to initiate, if necessary, entries and adjustments for any entry made in error to my (our) account OR if there are any increases to my (our) Catholic and Community Credit Union loan payment, from the Institution named above, and to 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 \$10.00 fee for any temporary changes or if this authorization is started again within 6 months. Skip a pay changes have a one time fee of \$25.00.

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

Signature: _____ Date: _____