



**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS  
(ACH DEBITS)**

**TO:** CBI Federal Credit Union

Member Name: \_\_\_\_\_  
 Member Number: \_\_\_\_\_ Account Type: \_\_\_\_\_  
 (01) savings or (75) checking  
 or Note Number \_\_\_\_\_

**FROM:**

Financial Institution Name \_\_\_\_\_ Routing Number \_\_\_\_\_  
 City, State \_\_\_\_\_ Account Number \_\_\_\_\_  
 Name on Account \_\_\_\_\_ Account Type \_\_\_\_\_

**Amount of Transfer \$** \_\_\_\_\_ Check this box if this is a ONE time only requested transfer

|  |   |
|--|---|
| <b>Recurring Transfers:</b>            |   |
| <input type="checkbox"/> Monthly       | What date should the first transfer occur? All subsequent transfers will occur on the same date of each month (unless it is a non - business day) _____ |
| <input type="checkbox"/> Semi -Monthly | Write in the date of the first transfer the second will occur 15 days later _____   |
| <input type="checkbox"/> Bi- Weekly    | Monday Tuesday Wednesday Thursday Friday Beginning on ____ / ____ /20   |
| <input type="checkbox"/> Weekly        | Monday Tuesday Wednesday Thursday Friday Beginning on ____ / ____ /20   |

I (we) hereby authorize CBI Federal Credit Union, hereafter called CBI FCU, to initiate debit entries from my (our) account indicated above at the depository financial institution named above, hereafter called DEPOSITORY, and to debit the same from such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

**This authorization is to remain in full force and effect until CBI FCU has received written notification from me (or either of us) of its termination in such manner as to afford CBI FCU and DEPOSITORY a reasonable opportunity to act on it.**

FI Account Holder Signature \_\_\_\_\_ Date: \_\_\_\_\_