CBI Federal Credit Union
800 699 5417

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS
(ACH CREDITS)

FROM: CBI Federal Credit Union

Member Name: _____

Account Type:
(01) savings or (75) checking
Member Number: _____ or Note Number _____

TO:
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 ☐

Recurring Transfers:

☐ 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) _____

☐ Semi -Monthly — Write in the date of the first transfer the second will occur 15 days later _____

☐ Bi- Weekly — Monday   Tuesday   Wednesday   Thursday   Friday   Beginning on ___ / ___ /20

☐ 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.

Member Signature _____ Date: _____