



**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

Recurring Transfers:	
<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.

Member Signature _____ Date: _____