



Authorization Agreement for Direct Payments (ACH Debits)

_____ New _____ Update _____ Payoff

Company Name City Credit Union Company ID Number 311079050

I hereby authorize City Credit Union to initiate debit entries from my Checking / Savings (select one) account at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of local and federal law, in addition to the NACHA Operating Rules.

Name of Financial Institution _____

ABA/Routing Number _____ Account Number _____

Name _____

Amount _____ Due Date _____ Frequency _____

Start date of debit _____ Account and loan number to receive credit _____

I agree to notify City CU of any changes in the original loan agreement that would affect the payment instructions outlined in this Authorization, including a change in the due date. I will contact City CU at least 10 calendar days prior to the final payment date to cancel or revoke this Authorization at the phone number or address provided below. If I call, I understand that I will be required to put my request in writing. I understand if the loan is paid off any excess funds will be deposited to my savings account. I further agree if any such debit be dishonored, whether with or without cause and whether intentionally or inadvertently, City CU shall be under no liability whatsoever. This Authorization is to remain in full force and effect until City CU has received written notification from me of its termination in such time and in such manner as to afford City CU and DEPOSITORY a reasonable opportunity to act on it. This Authorization may be revoked or terminated by City CU or its agent, should the debit be dishonored more than three times.

By signing this Authorization, I agree to defend, indemnify and hold the City CU harmless from any claim, damage of costs, made or incurred, as a result of initiation or lack of initiation of the debit described above.

Printed Name _____ Signature _____ Date _____

Please email completed document to members@citycu.org

Credit Union Use Only

Operator ID# _____ Initials _____ Date _____