AUTHORIZATION AGREEMENT FOR ACH TRANSACTIONS

I (we) hereby authorize North Memorial FCU to initiate credit entries to my (our) account(s) as indicated below and the financial institution name below, hereinafter called Financial Institution, to debit the same to such account. I (we) agree to have available funds in my (our) account on the designated date to affect this transfer. I (we) agree to pay any applicable fees for this service as disclosed in the Fee Schedule. This authority will remain in effect until I (or either of us) notify the bank in writing at least 15 days prior to the next settlement date. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name – sending to)		
(Address/City/State/Zip)		
Type of Account: Checking	Savings	
291074793		
(Routing Number – sending to)	(Account Number – sending to)	
Is this a change from your previous autho	rization agreement? Yes No	
Type of Transaction: Debit	Credit Loan Amount \$:	
(Frequency of Transfer)	(Date/Day of Transfer)	
If this date falls on a Saturday, Sunday, or following business day.	r bank holiday, this transfer will automatically be made on	the
Debit Credit Type of Ac	count:CheckingSavings Loan	
(Account Numb	per – with us)	
•	fort to complete this transfer unless circumstances beyond asonable precautions that we have taken. All terms ably to this agreement.	
(Customer Name)	(Signature)	
(Individual ID Number)	(Date)	
(Customer Name – if applicable)	(Signature – if applicable)	
(Individual ID Number)	(Date)	
I hereby authorize North Memorial FCU	to cancel the above described automatic entry effective as	s of
·	(Signature)	