

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

I (we) hereby authorize Catholic Family Federal Credit Union, hereinafter called CFFCU, to debit entries to my (our) account indicated below and the Financial Institution named below, hereinafter call FINANCIAL INSTITUTION, to debit same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

TAKE FUNDS FROM:

(Financial Institution Name)

(Address) (City, State) (Zip)

(Routing/Transit Number) (Account Number) (Start Date)

(Amount) Type of Acct: ___Checking ___ Savings

APPLY FUNDS TO:

Account number Name on Account Share/Loan number

This authority is to remain in full force and effect until CFFCU has received written notification from me (or one of us) of its termination in such time and manner as to afford CFFCU and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Print Individual Name) (Print Individual Name)

(Signature) (Signature)

(Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM