

**AUTHORIZATION AGREEMENT
FOR DIRECT DEPOSIT OR LOAN
PAYMENT (ACH/EFT DEBIT)**



I hereby authorize The District Credit Union to initiate a withdrawal (debit) from the below financial institution. I acknowledge that the origination of ACH/EFT TRANSACTIONS to my account must comply with the provisions of U.S. Law.

(SELECT ONE)
☐ CHECKING **AMOUNT \$** _____
☐ SAVINGS

(SELECT ONE)
☐ MONTHLY (Choose one day of the month): _____
☐ TWICE A MONTH (Choose two days of the month): _____
☐ WEEKLY (Choose one day of the week) M T W Th F
☐ BI-WEEKLY (Choose one day of the week) M T W Th F

***STARTING ON** _____

FINANCIAL INSTITUTION INFORMATION: (ATTACH COPY OF VOIDED CHECK)

Bank Name:	
Bank Address (City, State and Zip):	
ABA/Routing Transit #:	
Account Number:	

This authorization is to remain in full force and effect until (1) The District Credit Union has received written notification from me of its termination in such time and in such a manner as to afford The District Credit Union a reasonable opportunity (*) to act on it. (2) The loan has been satisfied and has been paid in full. Any item returned as Insufficient Funds, will be subject to the Insufficient Fund Fee.

MEMBER NAME: _____

MEMBER SIGNATURE: _____

Today's Date _____ **The District CU Account #** _____

Loan Due Date _____ **Loan Description** _____

(*) 10 business days required to start or terminate this origination.

Employee Name:			
ACCOUNTING ONLY:	Initials:	Date Loaded:	LP #: