

Authorization Agreement For Direct Payment (ACH Debits)

I hereby authorize NAPUS Federal Credit Union (NAPUS FCU) to initiate debit entries to my account indicated below 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 U.S. law.

Depository Name _____ Phone Number _____

City _____ State _____ Zip _____

Routing Number: _____ Account Number: _____ Savings Checking

Effective Date: _____

This authorization is to remain in effect until NAPUS FCU has received written notification from me of its termination in such time and in such manner as to afford NAPUS FCU and DEPOSITORY a reasonable opportunity to act on it.

Name(s) _____ Member Number _____
(Please Print)

Authorized Signature _____ Date _____

Initial Instructions

Please transfer \$ _____ from my account indicated above using the following period:

Monthly Semi-Monthly Bi-Weekly Weekly

Beginning Date _____

Please distribute the funds among my accounts as follows:

Loan ID (L1, L2, Etc)	Amount	Scheduled Loan Payoff Date

I understand that these deduction distributions are only for my initial deduction only and that these will change to match my scheduled loan payment amount(s). I may also change the distribution amounts by notifying a NAPUS FCU representative.

NOTE: DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

----- **FOR OFFICE USE ONLY** -----

End Date of Origination _____ Representative _____