



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

INSTITUTION Equitable Federal Credit Union EFFECTIVE DATE \_\_\_\_\_

MEMBER NAME \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

PAYMENT AMOUNT \_\_\_\_\_

FREQUENCY (SELECT ONE) WEEKLY BI-WEEKLY MONTHLY SEMI-MONTHLY

We hereby authorize Equitable Federal Credit Union To initiate debit entries to my (our) ( ) CHECKING ACCOUNT ( ) SAVINGS ACCOUNT (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

DEPOSITORY NAME: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ROUTING NUMBER: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

ACCOUNT TYPE (CIRCLE ONE) CHECKING SAVINGS

This authority is to remain in full force and effect until Equitable Federal Credit Union has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Equitable Federal Credit Union and DEPOSITORY a reasonable opportunity to act on it.

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_  
(PLEASE PRINT)

SIGNED (X) \_\_\_\_\_ DATE \_\_\_\_\_

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_  
(PLEASE PRINT)

SIGNED (X) \_\_\_\_\_ DATE \_\_\_\_\_

**ACKNOWLEDGEMENT:**

COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_

Before me a Notary Public in and for said County personally acknowledged the signing of the foregoing instrument and that such signing is his free act and deed.

SWORN TO AND SUBSCRIBED in my presence this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

NOTARY PUBLIC: \_\_\_\_\_