

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH DEBITS)

Company Name: ACBA Federal Credit Union Company ID Number: 243083208

I (we) hereby authorize ACBA Federal Credit Union, hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account/ Savings Account (select one) indicated below at the depository financial institutions named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of the ACH transactions to my (our) account must comply with the provisions of U.S. law.

ACTION BEING TAKEN: NEW UPDATE DELETE

REMINDER: CHECK WHICH ITEM IS BEING "UPDATED" FOR THE NEW ACH DEDUCTION

UPDATE: BANK INFORMATION PAYMENT AMOUNT PAYMENT DATE

Depository Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

Amount _____ Frequency _____ Effective Date _____

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

Name(s) _____ Acct # _____
(Please Print)

Date _____ Signature _____

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

LOAN: _____ \$ _____ S-000: \$ _____

LOAN: _____ \$ _____ S-021: \$ _____

LOAN: _____ \$ _____