

AUTHORIZATION AGREEMENT FOR ACH DEBITS

Crescent Credit Union

Name _____ ID Number _____

I (we) hereby authorize *Crescent Credit Union* to initiate debit entries in the amount of \$ _____ to my (our) Checking Account / Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) authorize the transfer to occur Weekly Monthly on _____ (Day/Date). I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of US law.

Crescent Credit Union Account Type: _____ **Account #** _____

Depository
Name _____ Branch _____

City _____ State _____ Zip _____

Routing Account
Number _____ Number _____

This authorization is to remain in effect until *Crescent 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 *Crescent Credit Union* and DEPOSITORY a reasonable opportunity to act on it.

Date _____ Signature _____

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