

AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFERS/ACH RECURRING PAYMENTS

I (we) hereby authorize Catholic Vantage Financial Federal Credit Union, hereinafter called Credit Union, to initiate debit/credit entries to my (our) Checking and/or Savings account indicated below and the financial institution named below, hereinafter called Financial Institution, to debit 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. I (we) also acknowledge that the transfers will continue until Credit Union receives instructions from any one of the account owners to stop transfers, and that such notice must be received in writing no less than ten days before next scheduled transfer.

Located in this city:	Located in this state:
Name of Owner(s) of this Account:	
City, State Zip	\$ Dollars ACCOUNT NUMBER:
	'ING & TRANSIT #:
	an (Ex: Car Loan Make, Model, Year)
	Payment Due Date:
	ccur: Select one: WEEKLY BI-WEEKLYMONTHLY
	(date) in the amount of \$
	r monthly on the payment due date for credit union loan payment stated above.
the same frequency and dollar amount. Under resubmission attempt at a charge of \$5.00. The above. This authority is to remain in full force	edit my (our) loan referenced above at Catholic Vantage Financial Credit Union at the circumstance that a payment is returned NSF, Credit Union may make one ese fees will be remitted as a separate transaction to the account authorized a and effect until the Credit Union has received written notification from me (or ten business days before scheduled payment is due and in such time and in such nable opportunity to act on it.
Name(s) (Please Print):	
signature(s):	
Date:	
	FOR CREDIT UNION USE ONLY
Received By:	Date Received: