

DuGood Federal Credit Union
Authorization Agreement for Preauthorized Payments

I (we) authorize DUGOOD FEDERAL CREDIT UNION, hereinafter called COMPANY, to initiate debit entries to my account at the financial institution named below, hereinafter called FINANCIAL INSTITUTION, 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.

(Financial Institution Name) (Branch) (Phone #)

(Address) (City/State) (Zip)

(Routing Number) (Account Number) Type of Acct Checking Savings

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 in such time and in such manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Name _____
(Please Print)

Signature _____ Date _____

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM

TERMINATION OF AGREEMENT

I (we) hereby request the termination of the Preauthorized Electronic Transfer listed above. If your CU loans are being paid thru this ACH agreement and you are receiving a discounted APR as a result, termination of this agreement may result in an increase on your loan's APR.

Signature _____ Date _____

FOR CREDIT UNION USE ONLY

Credit Union Account # _____ Share/Loan # _____
Frequency of Debit Monthly Debit Amount _____
Start Date _____ Ending Date _____
Employee Initials _____ Date Received _____