



Authorization Agreement for Automatic Loan Payments

Member Name _____ Member # _____ Suffix _____

I/We hereby authorize **Alive Credit Union** to initiate debit entries to my/our checking account at the depository financial institution indicated below (hereafter called DEPOSITORY) and to the same 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 _____ Branch _____

City _____ State _____

Routing # _____ Account # _____

Authorized Dollar Amount \$ _____ Beginning on ____/____/____

Choose 1: _____ Monthly on the _____ Day of Month (e.g. 17th)

_____ Bi-Weekly on _____ Day of Week (e.g. Thursday)

_____ Semi-Monthly on: _____ Day 1 **AND** _____ Day 2

_____ Weekly on _____ Day of Week (e.g. Thursday)

This authorization is to remain in full force and effect until I/we notify Alive Credit Union in writing that I/we wish to discontinue this authorization in such time and manner as to afford Alive Credit Union and DEPOSITORY a reasonable opportunity to act on it.

**Authorization Forms Cannot Be Processed Without
A Voided Check Attached to This Form**

Authorization Forms Must Be Received at Least 10 Days Prior to 1st Debit Date.

Debit Account Holder Signature _____ Date _____

Debit Account Holder Signature _____ Date _____

For Credit Union Use Only

Loan Due Date _____ Amount \$ _____ Loan/ HSA Suffix _____

Completed/Verified by: _____