Central Communications Credit Union

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

(Debit Other Financial Institution to Credit CCCU)

Start	Change	Revoke	One time stop/skip granted
CCCU Account Nur Primary Member Na			

Transit/ABA/Routing # 301080703

The undersigned authorizes Central Communications Credit Union, hereinafter called CCCU, to initiate debit entries from my (our) **savings (37) / checking (27)** (circle one) account at the Depository Financial Institution named below, hereinafter called SENDING FINANCIAL INSTITUTION. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

Start Date: //	For CCCU Use Only: (Starting New Origination)
Method of Payment:	
Credit CCCU Loans: 🛛 \$ to Loan #	
Credit CCCU Savings: 🛛 \$ to Savings Type	
Credit CCCU Checking: 🛛 \$ to Checking Type	
One Time Stop / Skip-a-Pay Granted: Date of Transfer: /	/
CCCU Account # and Loan #:	\$

This authority is to remain in full force and effect until CCCU has received written notification from member of its termination fourteen (14) days prior to its due date. Notification of change or revocation received less than fourteen days in advance will result in a \$10.00 fee.

Electronic Funds Transfer Disclosure Statement

- 1. Member(s) understands the payment/transfer amount will be made as indicated.
- 2. This payment/transfer is voluntary and is not required as a condition of credit. Automatic payment/transfer may be cancelled at any time.
- 3. Upon the filing of bankruptcy, Member will cause the automatic payment/transfer to cease in the same manner in which Member caused it to begin. If Member fails to do so, CCCU will stop the automatic payment/transfer upon actual notice of Member's bankruptcy.
- 4. If the funds are not available in the account, which is debited for payment/transfer, the automatic payment/transfer will be treated as a return check. There will be a \$30.00 return check charge imposed as stated in the Rate and Fee Schedule.
- 5. CCCU will credit the amount of payment/transfer as of the date the funds for the payment/transfer are received.

I (We) acknowledge receipt and acceptance of the Electronic Funds Transfer Disclosure Statement, the terms and conditions of which are incorporated, by reference, herein. Please keep a copy of this authorization for your records.

Date Member Signature			Date Joint- Member Signature		
For CCCU Use O	nly:				
Rec'd By	_ Date:	Entered By:	Date:	Verified By:	Date: