AUTHORIZATION AGREEMENT FOR ACH TRANSACTIONS

Clifty Creek Employee's Federal Credit Union is hereby authorized to initiate entries to my account as indicated below and the financial institution name below, hereinafter called Financial Institution, to do the same to such account. I agree to have available funds in my account on the designated date to affect this transfer. **If not there will be a $30.00 fee.** This authority will remain in effect until I notify the credit union in writing at least one week prior to the next settlement date. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Debt Account information

_____
(Financial Institution Name), (City, State, Zip)

_____ _____ Amount $:_____
(Routing Number) (Account Number)

Type of Account: _____Checking _____Savings

_____ _____
(Frequency of Transfer) (Date/Day of Transfer)

Credit Account Information

_____
(Financial Institution Name), (City, State, Zip)

Type of Account: _____Checking _____Savings

_____ _____ Amount $:_____
(Routing Number) (Account Number)

Clifty Creek Employee's Federal Credit Union will make every effort to complete this transfer unless circumstances beyond our control prevent the transfer, despite reasonable precautions that we have taken. All terms and conditions of your account agreement apply to this agreement. If this date falls on a Saturday, Sunday, or bank holiday, this transfer will automatically be made on the following business day.

_____ _____
(Member Name) (Signature)

_____ _____
(Individual ID Number) (Date)

_____ _____
(Last 4 digits of Social Security #) Phone#/email address
(For identification purposes)

_____ (Signature)