

# AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize SPOKANE CITY CREDIT UNION to initiate debit entries to my (our) savings/checking indicated below at the financial institution named below, 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.

Name of Financial Institution \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Checking Account     Savings Account

*(Please select one)*

This authorization is to remain in full force and effect **until SCCU has received written notification from me** (or either of us) of its termination in such time and in such manner as to afford SCCU a reasonable opportunity to act on it, minimum 5 days.

Name \_\_\_\_\_

SCCU Loan Number (if known) \_\_\_\_\_ Date \_\_\_\_\_

Signature(s) \_\_\_\_\_

\_\_\_\_\_

Payment Amount \_\_\_\_\_

Frequency (monthly, biweekly, etc.) \_\_\_\_\_ Start Date \_\_\_\_\_

***Please protect your personal info and do not email this form.***



Please mail this form to P.O. Box 9639, Spokane, WA 99209; fax to (509) 325-1538; or hand deliver it to our branch at 1930 N. Monroe, Spokane, WA 99205. DO NOT EMAIL THIS FORM. For any questions, please call our Loan Department at (509) 325-4444.