

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize SPOKANE CITY CREDIT UNION to initiate debit entries to my (our) checking account 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 _____ Checking Account Number _____

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) 325-9818; 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.