

PUD FEDERAL CREDIT UNION

Authorization Agreement For Direct Payments

I (we) hereby authorize PUD Federal Credit Union to initiate debit entries to my (our) ☐ Checking Account, ☐ Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, 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 provision of U.S. law. . **Non-Sufficient Funds (NSF) fees charged by the Depository may apply.**

DEPOSITORY INFORMATION (checking a/c)

(Name) _____

(Bank Name) _____

(City) _____

(State,/Zip) _____

(Routing Number) _____

(Account Number) _____

CREDIT UNION INFORMATION

(Date to start) _____

(Amount)_____

This authorization is to remain in full force and effect until PUD Federal Credit Union has received written notification from me (either of us) of its termination in such time and in such manner as to afford PUD Federal Credit Union and DEPOSITORY a reasonable opportunity to act on it.

(Authorized Signature)

(Authorized Signature)

(Date)_____

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNERS SPECIFIED IN THE AUTHORIZATION.