

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 Number: _____ Primary Member Name: _____
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Transit/ABA/Routing # 301080703

The undersigned authorizes Central Communications Credit Union, hereinafter called CCCU, to initiate debit entries to 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: ____/____/_____ Frequency: weekly / bi-weekly / monthly / semi-monthly / one-time Sending Financial Inst. Name: _____ Branch: _____ City, State, Zip: _____ Transit / ABA / Routing #: _____ Account #: _____ *Please attach voided check.	For CCCU Use Only: (Starting New Origination) <input type="checkbox"/> OFAC Depository Institution
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Method of Payment: Credit CCCU Loans: <input type="checkbox"/> \$_____ to Loan # _____ Credit CCCU Savings: <input type="checkbox"/> \$_____ to Savings Type _____ Credit CCCU Checking: <input type="checkbox"/> \$_____ to Checking Type _____

One Time Stop / Skip-a-Pay Granted: Date of Transfer: ____/____/_____ CCCU Account # and Loan #: _____ \$ _____
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This authority is to remain in full force and effect until CCCU and Sending Financial Institution have 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 \$29.00 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 _____ _____ Date _____
 Member Signature Joint- Member Signature

For CCCU Use Only:	
Received By: _____	Date: _____