

**IBEW & United Workers Federal Credit Union**  
**AUTHORIZATION AGREEMENT**  
**DIRECT PAYMENTS (ACH DEBITS)**

Debit C.U. Account

I (we) hereby authorize **IBEW & United Workers FCU**, to debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit the same to such account.

**Credit:** \_\_\_\_\_  
 (Financial Institution Name) (Branch)

\_\_\_\_\_  
 (Address) (City/State) (Zip)

\_\_\_\_\_  
 (Routing Number) (Account Number) (Transaction Date)

Type of Acct: Checking \_\_\_\_\_ Savings \_\_\_\_\_

Amount \$ \_\_\_\_\_

This authority is to remain in full force and effect until **IBEW & United Workers FCU** has received written notification from me (or my joint signer) of its termination in such time and manner as to afford **IBEW & United Workers FCU** and FINANCIAL INSTITUTION a reasonable opportunity to act on it. **IBEW & United Workers FCU** reserves the right to complete reversals and/or credits to correct errors and overpayments.

**Debit:** \_\_\_\_\_  
 (Print Individual Name) (IBEW & United Workers FCU Account Number)

Type of Acct: Checking \_\_\_\_\_ Savings \_\_\_\_\_  
 Suffix ( )

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

\_\_\_\_\_  
 (Date)

**Transaction Frequency**

One Time	Daily	Weekly	Bi-Weekly	Monthly	Quarterly	Annually
_____	_____	_____	_____	_____	_____	_____
<i>Date</i>		<i>Day of Week</i>	<i>Day of Week</i>	<i>1<sup>st</sup> - 31<sup>st</sup></i>	<i>Date</i>	<i>Date</i>

**PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM!**