**CONSUMER AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT (ACH DEBITS)**

CONNECTIONS CREDIT UNION

I hereby authorize CU PEOPLE, hereinafter called COMPANY, to initiate debit entries to the Share Draft Account indicated below and the depository financial institution named below, hereafter called DEPOSITORY, and to credit the same to such account. I also authorize the above-named company to initiate, if necessary, a debit or credit entry to correct or adjust any entry made to my account in error. I acknowledge that the origination of ACH transactions to this account must comply with the provisions of U.S. law.

1. Type of Account: Checking Savings 

Depository Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Branch **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

City **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** State **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Zip **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   
  
Routing Account Number **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Account Number **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Amount or percent **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Type of Account: Checking Savings 

Depository Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Branch **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

City **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** State **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Zip **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   
  
Routing Account Number **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Account Number **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Amount or percent **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Type of Account: Checking Savings 

Depository Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Branch **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

City **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** State **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Zip **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   
  
Routing Account Number **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Account Number **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Amount or percent **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

This authorization is to remain in full force and effect until COMPANY and DEPOSITORY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Please Print)

Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please attach a copy of void check (not deposit form)**