

# AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name: University of Illinois Community Credit Union (UICCU) Company ID: 271176899

I (We) hereby authorize **University of Illinois Community Credit Union**, hereinafter called COMPANY, to initiate debit entries to my (our)  checking/  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 transaction to my (our) account must comply with the provisions of U.S. law.

Depository Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Start Date  1<sup>st</sup>  15<sup>th</sup>  17<sup>th</sup>  21<sup>st</sup> Start Month \_\_\_\_\_

Payment Amount \_\_\_\_\_  New  Stop  Update  One Time

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

Name(s) \_\_\_\_\_

UICCU Member Number \_\_\_\_\_ Sub \_\_\_\_\_

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

**NOTE: DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.**

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