

# FIRST CENTRAL CREDIT UNION

Member Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

I/We hereby authorize First Central Credit Union to initiate debit entries to my/our Checking Account: \_\_\_\_\_ Savings Account: \_\_\_\_\_ (select one) indicated at the Depository Financial Institution named below, and to debit the same to such account. I/We acknowledge that the origination of the ACH transactions to my/our account must comply with the provisions of United States Law.

Financial Institution Name: \_\_\_\_\_

Routing (ABA) Number: \_\_\_\_\_

Account Number: \_\_\_\_\_ Type of Account: Savings \_\_\_\_\_ Checking \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Effective Date: \_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Processed By: \_\_\_\_\_

Note: FIRST CENTRAL CREDIT UNION WILL NEED A VOIDED CHECK OR DEPOSIT SLIP FROM YOUR OTHER FINANCIAL INSTITUTION TO PROCEED WITH THE ORIGINATION OF AN ACH DEBIT. AUTHORIZATION MUST PROVIDE THAT THE RECEIVER MAY REVOKE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION. THE ATTACHMENT II "PROPERTY INSURANCE, TAXES AND FEES FORM" SIGNED BY YOU AT THE TIME OF THE ADVANCE WILL REMAIN IN EFFECT UNTIL THE LOAN IS PAID IN FULL. IF COLLATERAL PROTECTION INSURANCE IS PURCHASED BY THE CREDIT UNION TO PROTECT THE COLLATERAL, FIRST CENTRAL CREDIT UNION HAS THE RIGHT TO DEBIT YOUR ACCOUNT AT THE OTHER FINANCIAL INSTITUTION FOR THE NEW PAYMENT AMOUNT INCLUDING THE PREMIUM FOR THE COLLATERAL PROTECTION INSURANCE. FURTHERMORE, THERE WILL BE A \$27.00 FEE FOR ANY RETURNED ACH ORIGINATED LOAN PAYMENT THAT WILL BE DEBITED FROM YOUR ACCOUNT AT FIRST CENTRAL CREDIT UNION.