

## Authorization for Automatic Payment

Member/Borrower Name (please print) \_\_\_\_\_

Member/Borrower Account Number \_\_\_\_\_ Loan Number: \_\_\_\_\_ or Share Type: \_\_\_\_\_

New Authorization       Delete Authorization       Change Existing Authorization

I (we) authorize Citizens Community Credit Union to electronically debit my (our) account at the financial institution named below; and if necessary, electronically debit or credit my (our) account to correct or adjust any entry made to my (our) account in error.

This authority will remain in full force and effect until I (we) notify Citizens Community Credit Union, in person, in writing, to 2012 1<sup>st</sup> Ave S, Fort Dodge, IA 50501, or by phone to (515) 955-5524 that I (we) wish to revoke this authorization at least three (3) days prior to the proposed effective date of termination of authorization.

## Financial Institution Information

Name of Financial Institution \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Financial Institution Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Name of Account Holder (please print and sign below) \_\_\_\_\_

### Select One

Checking Account       Savings Account

I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

## Payment Information

Weekly       Bi-weekly       Semi-monthly       Monthly

Payment is to be made on the following day(s) of the month \_\_\_\_\_, in the amount of \$ \_\_\_\_\_, with the starting date of \_\_\_\_\_.

**Account Holder Signature** \_\_\_\_\_ **Date** \_\_\_\_\_