# AUTHORIZATION FOR AUTOMATIC PAYMENTS

I/We authorize First Class Community Credit Union to initiate a

( ) debit ( ) credit
( ) from my/our ( ) to my/our
( ) checking or ( ) savings account

At the financial institution named below. I/We also authorize the above named credit union to initiate, if necessary, a debit or credit entry to correct or adjust any entry made to my/our account in error. I/We acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S Law.

_____
Name of Financial Institution

_____
City State

_____
Financial Institution Routing No. Checking Acct No. Savings Acct No.

_____
Member Name (Please Print) Joint Member Name (Please Print)

Please *debit/credit my account: OR
*Please Circle One

___Weekly

___ Bi-Weekly

___ Monthly

In the amount of $_____

Please *debit/credit my account:
*Please Circle One

_____ and ___ of each month

In the amount of $_____

Start Date: _____ (required)

Member Offset Information:

Credit Union Routing No. _____Credit Union Account No._____

( ) Share ( ) Share Draft ( ) Loan Type ____

This authority will remain in effect until I/we notify, In Person or In Writing, the above named credit union to cancel the authorization in such time as to afford said credit union a reasonable opportunity to act on it.

I/We have been given a copy of this authorization for my/our records.

_____
Signature of Member Signature of Joint Member Date

**Credit Union Use:**

Form Completed By/Date:_____

Verified By/Date:_____

Entered By/Date:_____