

ACH AUTHORIZATION AGREEMENT

CANALS & TRAILS CREDIT UNION

I (we) hereby authorize CANALS & TRAILS CREDIT UNION, hereinafter called COMPANY, to initiate credit/ debit entries to my (our) Share Draft/ Savings account (circle one) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit/debit the same to such account.

DEPOSITORY(bank):

NAME: _____ Branch _____

CITY _____ State _____ ZIP _____

TRANSIT/ABA #. _____

ACCOUNT # _____ (circle one)CHECKING/SAVINGS

This authority is to remain in full force and effect until CANAL & TRAILS CREDIT UNION 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.

I wish to change my Credit Union deduction. I now take out \$ _____. I would like to (circle one) increase/decrease the amount by \$ _____ for a total of \$ _____.

NAME(S)

Print

_____ / _____

Credit Union Acct#: _____ START/STOP DATE OF WITHDRAW _____

Account Holder Signature

Date

Account Holder Signature

Date

Canals & Trails will need a 30-day notice prior to effective date or to the stop the Ach withdraw. Member will also need to fill out another ACH AUTHORIZATION AGREEMENT form to stop withdraw.