

Debit Authorization Form

Here is how the automatic payment plan works:

You authorize regularly scheduled fund transfers to come out of your checking or savings account from a financial institution. Your transfer will take place automatically on a specified day (origination will always be taken on the business day prior to the weekend or a holiday). Proof of your transfer and payment will show on you financial statements.

- New Authorization
- Change Contribution Amount
- Change Contribution Date
- Change Financial Institution Account

Contribution Amount \$ _____

Monthly (the 5th or 20th *circle one*)

Quarterly (the 5th of the month beginning _____)

(Financial Institution Name) (Name on Account)

(Financial Institution's Address) (City/State) (Zip)

(Routing Number) (Account Number) Account Type: Checking Savings

I hereby authorize St. Helens Community Federal Credit Union and the Financial Institution named above to initiate variable fund transfer entries to the checking or savings account listed above on my behalf. This authority is to remain in full force and effect until Branches Church has received written notification from myself of its termination in such time and manner as to afford Branches Church and SHCFCU a reasonable opportunity to act on it.

I further understand that if my transfer is rejected for any reason SHCFCU will terminate my automatic payment transfer privileges without notice.

(Signature) (Date)

(Address) (City/State) (Zip) (Phone)