

AUTHORIZATION AGREEMENT FOR ACH DEBITS/CREDITS

St. Joseph's Federal Credit Union  
1811 Whipple Ave NW  
Canton, OH 44708

I authorize St. Joseph's FCU to initiate a debit/credit to my/our account as indicated at the institution below:

DEBIT <input type="checkbox"/> or CREDIT <input type="checkbox"/>		One Time <input type="checkbox"/> or Recurring <input type="checkbox"/>	
Name of Financial Institution		Starting:	
Financial Institution's Routing & Transit Number	# _ _ _ _ _		
Type of Account			
Checking Account #		Amount	\$
Savings Account #		Amount	\$
Loan #		Amount	\$
Date		St. Joseph's Account #	
Authorized Signature			
<i>All debits must comply with U.S. law. They may be revoked within 60 days from settlement date. Any NSF or related fees will be electronically debited from your account. This authorization is to remain in full force and effect until St. Joseph's FCU has received written notification from myself (or either of us) of its termination in such time and in such manner as to afford St. Joseph's FCU and Depository reasonable opportunity to act on it.</i>			
Credit Union Copy – White      Members Copy – Yellow			