NIZARI PROGRESSIVE FEDERAL CREDIT UNION

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name	NIZARI PROGRESSIVE FEDERAL CREDIT UNION		
Company ID	1130939881	REQUEST TYPE ☐ New	☐ Update Information

I hereby authorize NIZARI PROGRESSIVE FEDERAL CREDIT UNION, hereinafter called, COMPANY, to initiate debit entries to my Checking Account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

DEPOSITORY INSTITUTION	NAME ON ACCOUNT
ROUTING NUMBER	ACCOUNT NUMBER
AMOUNT TO BE DEBITED EVERY MONTH	DATE OF DEBIT

This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. I (we) understand that COMPANY requires at least 5 days prior notice in order to cancel this authorization.

MEMBER NAME	MEMBER ACCOUNT NUMBER	ACCOUNT SUFFIX
HOME PHONE NUMBER	WORK PHONE NUMBER	CELL PHONE NUMBER

PRIMARY ACCOUNT: ☐ Savings ☐ Checking ☐ Loan

NOTE: ALL WRITTEN DEBIT AUTHORIZATION MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

I have completed this form fully and certify that I am the authorized to furnish all the information requested. I hereby also approve that all information provided is accurate.

MEMBER SIGNATURE	TODAY'S DATE

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM