

COMPLETE THIS FORM WITH YOUR FINANCIAL INSTITUTION INFORMATION IF YOU WISH ADDITION FINANCIAL TO DRAFT YOUR LOAN PAYMENT DIRECTLY FROM YOUR FINANCIAL INSTITUTION EACH MONTH



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS via ACH

I (we) hereby authorize Addition Financial Credit Union to initiate debit entries to my (our) account at the financial institution listed below. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. laws and regulations.

Financial Institution Name _____

Routing Number of Bank (9 digits) _____

Account Number at Bank _____

Is Your Account a Checking Account _____ or a Savings Account _____

The Day of Each Month to Charge my Account _____

The Amount to Charge my Account each month _____

What Date do you want your first payment to be charged to your account _____

Your Loan Account with Addition Financial CU to apply payment _____

I (we) understand that should the regularly scheduled debit date fall on a weekend or Federal holiday, the debit shall occur on the following banking day. If the funds are not available in my (our) account at the time Addition Financial Credit Union withdraws the payment, I (we) will be responsible for any fees incurred at my (our) financial institution. This authorization is to remain in full force and effect until Addition Financial Credit Union has received written notification from me (or either of us) of its termination in such time and manner as to afford Addition Financial Credit Union a reasonable time to act upon it.

Signature of Account holder

Date Signed

Please print and mail form to: Addition Financial, Attn: Accounting, PO Box 958471, Lake Mary, FL 32795-8471
or Fax to: 407-895-6739