

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