



Authorization Agreement for Direct Payment (ACH Debits)

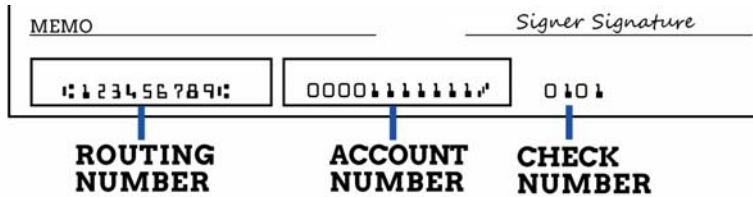
I hereby authorize Ashland Credit Union (ACU) to initiate withdrawal entries from my account at the depository financial institution named below and to credit the same to my account(s) at ACU. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Financial Institution Name: _____ Phone Number: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____ Please check one: Savings Checking
(must be 9 digits)

It is your responsibility to provide ACU with the correct nine-digit routing number and your personal account number. These numbers can be found on the bottom line of a valid personal check as shown below:



Initial Instructions

Please Transfer \$ _____ from my account indicated above using the following frequency:

- Monthly
- Semi-Monthly (14th & 28th only)
- Bi-Weekly
- Weekly

Beginning Date _____

If you are authorizing ACU to pull funds from your account and the normal transaction date is a Saturday, Sunday, or banking holiday, the transaction will be made on the next regular banking day.

This authorization is (check one):
 New Change Cancel

Please distribute the funds among my ACU accounts as follows:

Account Suffix (i.e. S1, L1, L1.2)	Amount	Scheduled Loan Payoff Date

This authorization will remain in effect until I submit a new authorization form to ACU or cancel this authorization. Notification of changes or cancellation must be received in writing by ACU no later than 5 business days prior to the day transfer is to occur. My signature below acknowledges that I have received a disclosure and agreement regarding the terms and conditions governing ACU electronic services and agree that ACH transactions authorized herein shall comply with Regulation E, the NACHA Operating Rules and the laws of the United States. Any transaction returned to us by your depository financial institution may be assessed a returned item fee in accordance with our current rate & fee schedule.

Member Name(s): _____ (please print) Member Number: _____

Account Owner Name (if other than member): _____

Account Owner Signature: _____ Date: _____

Please mail or fax completed form to: Ashland Credit Union – PO Box 391 – Ashland, KY 41105 Fax: 606-329-5413
For questions concerning your ACH request, phone: 606-329-5423 or 800-245-8112

FOR OFFICE USE ONLY

End Date of Origination _____

Loan Officer _____