AUTOMATIC PAYMENT / DEPOSIT AUTHORIZATION

I hereby authorize Freedom Credit Union, hereinafter called CREDIT UNION, to initiate debit entries to my (our) account indicated below at the financial institution named below, hereinafter called FINANCIAL INSTITUTION. I (we) acknowledge that the origination of Automated Clearing House (ACH) transactions to my account must comply with the provisions of U.S. law.

INFORMATION ABOUT OTHER FINANCIAL INSTITUTION (FI):

FI NAME: _____

FI 9 DIGIT ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

ACCOUNT TYPE (PLEASE CIRCLE): CHECKING SAVINGS

PAYMENT INFORMATION:

MONTHLY DATE(S) TO PROCESS (PLEASE CIRCLE): 1 5 10 15 20 25

Alternating Fridays Every Friday

STARTING DATE: _____ ENDING DATE (IF APPLICABLE): _____

FIXED DOLLAR AMOUNT: $_____

APPLY TO CREDIT UNION ACCOUNT NUMBER: _____

Items returned unpaid by FINANCIAL INSTITUTION will be subject to a $10 service charge. This authorization is to remain in full force and effect until CREDIT UNION has received written notification from me of its termination in such time and manner as to afford CREDIT UNION and FINANCIAL INSTITUTION a reasonable opportunity to act on it. This authorization may be unilaterally terminated by the CREDIT UNION in cases of excessive returns or member abuse, or whenever any loans have been paid in full with recurring debits.

PRINT INDIVIDUAL NAME: _____

SIGNATURE: _____ DATE: _____

ATTACH VOIDED CHECK OR DEEPOSIT SLIP HERE	For Credit Union Use Only		
		Employee	
		Date	
		APEX	