



Authorization Agreement for Preauthorized ACH Payments

I (we) hereby authorize SIU Credit Union, to initiate debit entries to my (our) account indicated below at the financial institution named below.

Financial Institution: _____

Routing Number: _____

Account Number: _____

Amount Authorized \$ _____ Checking Savings

This authority is to remain in full force and effect until SIU Credit Union has received written notification from me (or either of us) of its termination in such time and in such manner as to afford SIU Credit Union a reasonable opportunity to act on it. By my signature below, I hereby certify that, to the best of my knowledge, the provided information is true and accurate.

SIU Credit Union

Name: _____

Member Number: _____ Account Type/Loan Type: _____

Frequency: _____ Date to Begin: _____

Authorized Signature _____ Date _____

(For Financial Institution Use Only)

Accepted by _____ Date _____