

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

I (we) hereby authorize CENTURY FEDERAL CREDIT UNION to initiate withdrawals from the depository named below, hereinafter called DEPOSITORY.

SECTION A					
DEPOSITORY NAME			BRANCI	BRANCH	
OLTV				ZIP	
TRANSIT/ABA NO			ACCOUNT NO		
START DATE (Please allow 10 business days for set-up)			FREQUENCY		
(Plea	ase allow 10 busine	ess days for set-up)		
	ation from below sig	natories of its termi	nation in such time	EDIT UNION and named DEPOSITORY have and in such manner as to afford CENTUR' act on it.	
SECTION B INSTRUCTIONS FO	R DISBURSEMEN	NT OF AUTOMAT	IC DEPOSITS:		
Please distribute my or	riginating transactior	s from		to the following accounts at Century	
Federal Credit Union in	າ the following amou	nts: (Name	of Depository)		
DEPOSIT ACCOUN		TRANSACTION		LOAN ACCOUNT	
Savings - 0 IRA - 8	\$ \$	Checking - 7	\$	Loan \$ Loan \$	
Special Savings - 2	Φ	Checking - 6 MMDA - 1	\$	LOGII \$	
Christmas Club - 5		IVIIVIDA - I	\$	Loan \$ Loan \$	
Official Oldb - 5	Ψ		Ψ	Εθάπ Ψ	
		ТОТ	AL AUTOMATIC I (Deposits + Transac	DISBURSEMENT tions + Loans)	
VISA - Automatic P	ayment:				
VISA Platinum:			□ Scheduled Minimum Payment		
Card Acct. # 43980600		· 			
			☐ Balance in Full		
			☐ Set Amount \$ (must be 2% of credit line)		
				(must be 2% of credit line)	
NAME(S)(please print)			SIGNATURE		
· /	(please print)		_		
NAME(S)	(please print)		SIGNATURE _		
MEMBER No			DATE		
effective date specified business day. Non-suff into your Century Fede written notice. (PLEAS	d. If the effective date ficient Fund charges eral account. This ag	e falls on a non-bus will occur if there is reement may be car ED CHECK, OR ST	iness day or holiday not enough money nceled by Century F	ngs, VISA, loan, IRA or other account on the yyour funds will be credited on the preceding in your originator account to make the deposed ederal Credit Union at any time with a 15-da FROM DEPOSITORY NAMED ABOVE.)	
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⊔ Iu	o not need a copy	or una ioiii.			

Member Service Rep.

Date