

Steps for Completing the Authorization Agreement for Preauthorized Payments Form

Section A:

- Depository Name = Your Bank Name
- Branch = Your Bank Branch Location
- City = The City your Bank is located in
- State = The State your Bank is located in
- Zip code = The zip code for your Bank
- Transit/ABA = The transit/ABA number for your Bank
- Account = Your Bank Account number
- Start Date = The Date you want the transaction to start
(allowing 10 business day for set-up)
- Frequency date(s) = How often you want the payment made the day or
the 4th, 15th, 30th or Semi Monthly

Section B:

1. **Name of Depository:** Your Bank Name
2. Select the account that best matches the transaction you want done.
3. Select the account type for the transaction you wish to make.

For example:

Deposit account is used for deposits made into a savings type account enter the account number and then the dollar amount.

Savings – 0 Christmas Club - 5
IRA – 8 Special Savings – 2

Transaction account is used for deposits into or withdrawals out of the account. Enter the account number and then the dollar amount.

Checking – 7
Checking – 6 MMDA – 1

Loan account is used to make payments on your loan you would enter the loan number and then the dollar amount.

The Total Automatic Disbursement Box will be the total dollar amount of all the transactions. The deposits plus the transactions plus the loans, enter the dollar amount in the box.

Visa - If you wish to make an automatic Visa payment, enter your Visa account number in the appropriate field.

Names: Print your Name in the field that request (please print).

Signature: Sign your name.

Member No: Enter your account number

Date: Enter the current date



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 _____

BRANCH _____

CITY _____

STATE _____ ZIP _____

TRANSIT/ABA NO. _____

ACCOUNT NO. _____

START DATE _____

FREQUENCY _____

(Please allow 10 business days for set-up)

This authority is to remain in full force and effect until CENTURY FEDERAL CREDIT UNION and named DEPOSITORY have received written notification from below signatories of its termination in such time and in such manner as to afford CENTURY FEDERAL CREDIT UNION and said DEPOSITORY a reasonable opportunity to act on it.

SECTION B

INSTRUCTIONS FOR DISBURSEMENT OF AUTOMATIC DEPOSITS:

Please distribute my originating transactions from _____ to the following accounts at Century Federal Credit Union in the following amounts: **(Name of Depository)**

DEPOSIT ACCOUNT

Savings - 0 \$ _____
IRA - 8 \$ _____
Special Savings - 2 \$ _____
Christmas Club - 5 \$ _____

TRANSACTION ACCOUNT

Checking - 7 \$ _____
Checking - 6 \$ _____
MMDA - 1 \$ _____
_____ \$ _____

LOAN ACCOUNT

Loan - _____ \$ _____
Loan - _____ \$ _____
Loan - _____ \$ _____
Loan - _____ \$ _____

TOTAL AUTOMATIC DISBURSEMENT
(Deposits + Transactions + Loans)

\$

VISA - Automatic Payment:

VISA Platinum:

Card Acct. # 43980600 _____

Scheduled Minimum Payment
 Balance in Full
 Set Amount \$ _____
(must be 2% of credit line)

NAME(S) _____
(please print)

SIGNATURE _____

NAME(S) _____
(please print)

SIGNATURE _____

MEMBER No. _____

DATE _____

Your funds will be credited to your Century Federal Credit Union checking, savings, VISA, loan, IRA or other account on the effective date specified. Non-sufficient Fund charges will occur if there is not enough money in your originator account to make the deposit into your Century Federal account. This agreement may be canceled by Century Federal Credit Union at any time with a 15-day written notice. **(PLEASE ATTACH A VOIDED CHECK, OR STATEMENT COPY FROM DEPOSITORY NAMED ABOVE.)**

- I request a copy of this form.
- I do not need a copy of this form.

Loan Officer

Date