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		**TRANSACTION ACCOUNT**		**LOAN ACCOUNT**	
Savings - 0	$_____	Checking - 7	$_____	Loan - _____	$_____
IRA - 8	$_____	Checking - 6	$_____	Loan - _____	$_____
Special Savings - 2	$_____	MMDA - 1	$_____	Loan - _____	$_____
Christmas Club - 5	$_____	_____	$_____	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) _____ SIGNATURE _____
(please print)

NAME(S) _____ SIGNATURE _____
(please print)

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. If the effective date falls on a non-business day or holiday your funds will be credited on the preceding business day. 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.

_____
Member Service Rep. Date