

AUTHORIZATION AGREEMENT OF RECURRING DIRECT PAYMENTS

ACH DEBITS

Company Name: **TEXAS DPS CREDIT UNION**

Company ID Number: **314977324**

I (we) hereby authorize Texas DPS Credit Union (hereinafter called Credit Union), to initiate debit entries to my account indicated below at the financial institution named below (hereinafter called financial institution) and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. law.

Financial Institution Name: Amount: \$

Payment Start Date: and thereafter until canceled.
month/day/year

Routing Number: Account Number:
 Checking Savings

PLEASE NOTE Please provide a voided check. Please verify the routing number with your financial institution. Some institutions will have a specific routing number for ACH items. Texas DPS Credit Union will not be responsible for incorrect routing numbers or account numbers causing return ACH items and fees.

This Authorization is to remain in full force and effect until 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 Credit Union and financial institution a reasonable opportunity to act on it.

Name(s):

Credit Union Account Number: Credit Union Loan Number:

Phone Number: E-mail:

ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

I understand that I am solely responsible for contacting Texas DPS Credit Union when the loan mentioned above has been paid in full. My written notification will be an authorization for Texas DPS Credit Union to stop the above mentioned ACH Debit.

_____ Member Signature

_____ Date

FOR CREDIT UNION USE ONLY

New Set up Processed By _____ Date _____

Information Change

Bank Information Change Change in Payment Change in Due Date Prior Due Date