CHOCOLATE BAYOU

Your Community • Your Credit Union

ACH Debit Authorization

I (we)_____ authorize Chocolate Bayou Community FCU, hereinafter called Financial Institution, to initiate debit entries to my (our) account indicated below and the Financial Institution named below, hereinafter called Financial Institution, to debit the same to such account for $_____. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U. S. law.

Debit

_____
Financial Institution Name

_____
Address   City/State   Zip

_____
Routing Number   Account Number

Type of Acct. _____ Checking _____ Savings

Pmt Amount $_____Pmt Due Date _____Pmt Beginning Date_____

Credit

This authority is to remain in full force and effect until Chocolate Bayou Community FCU has written notification from me (or either of us) of its termination in such time and manner as to afford Chocolate Bayou Community FCU and your Financial Institution a reasonable opportunity to act on it.

_____   _____
Print Name   Signature

_____   _____
CBCFCU Account Number/Loan Suffix   Date

Receiving FSR INITIALS/TELLER #_____

Date ACH Debit Set up: _____ **by Initials & Teller Number:** _____

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM