



AUTOMATIC PAYMENT / DEPOSIT AUTHORIZATION

I hereby authorize Grand County Credit Union, hereinafter called CREDIT UNION, to initiate credit / debit (circle one) entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION. I (we) acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

FINANCIAL INSTITUTION INFORMATION:

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

ROUTING NUMBER: _____ ACCOUNT NUMBER: _____

ACCOUNT TYPE: CHECKING SAVINGS LOAN (CIRCLE ONE)

PAYMENT INFORMATION:

STARTING DATE AND FREQUENCY: _____

FIXED DOLLAR AMOUNT: _____ OR VARIABLE AS REQUESTED (CIRCLE ONE)

APPLY TO CREDIT UNION ACCOUNT NUMBER: _____

This authorization is to remain in full force and effect until CREDIT UNION has received written notification from me of its termination in such time and manner as to afford CREDIT UNION and FINANCIAL INSTITUTION a reasonable opportunity to act on it. This authorization may be unilaterally terminated by the CREDIT UNION in cases of excessive returns or member abuse, or whenever any loans have been paid in full with recurring debits.

PRINT INDIVIDUAL NAME: _____

PRINT INDIVIDUAL ID NUMBER: _____

SIGNATURE: _____ DATE: _____

**** PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM – KEEP COPY OF FORM IN LOAN FILE ****