

**CREDIT UNION ONE OF OKLAHOMA
ACH AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT (ACH DEBITS)**

Name _____ Account/Loan Number _____

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

Depository Name _____ City _____ State _____ Zip _____

Routing Number _____ Account/Loan Number _____

Effective Date _____ Amount _____ Frequency _____

This authorization is to remain in full effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. I agree to pay a \$30 "insufficient" fee if the funds are not available and a \$25 stop payment fee if my request to stop an item is not received at least 5 days prior to payment date. Must notify Credit Union One of Oklahoma in writing to request cancellation of debit.

Signature _____ Date _____

**Note: DEBIT AUTHORIZATION MUST PROVIDE THAT RECEIVER MAY REVOKE THE
AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED
IN THE AUTHORIZATION.**

Attach a VOIDED check