



San Angelo Federal Credit Union
235 West 1st Street
San Angelo, TX 76903

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

San Angelo Federal Credit Union

Rt.# 311387946

I (we) hereby authorize San Angelo Federal Credit Union, hereinafter called Credit Union, to initiate debit entries to my (our) Checking Account / Savings Account (select one) 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 origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name _____ Name on Account _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

This authorization is to remain in full force and effect until San Angelo Federal 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 San Angelo Federal Credit Union and DEPOSITORY a reasonable opportunity to act on it.

Amount: _____

Name(s) _____ Account No. _____

Effective Date: _____ (must be on the 1st, 10th, 15th, or 25th)

Date _____ Signature _____

NOTE: Written debit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.