



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

MEMBER'S NAME: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

HOME TELEPHONE NUMBER \_\_\_\_\_

WORK TELEPHONE NUMBER \_\_\_\_\_

CELL PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

I hereby authorize Firestone Federal Credit Union to debit the Checking Account at the depository financial institution named below, hereafter called Depository. I acknowledge that the origination of the ACH transaction to my account must comply with the provisions of U.S. law.

DEPOSITORY NAME: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

ROUTING NUMBER: \_\_\_\_\_ must be 9 digits

CHECKING ACCOUNT NUMBER: \_\_\_\_\_

AMOUNT: \$ \_\_\_\_\_ DUE: \_\_\_\_\_ 15th \_\_\_\_\_ 30th

If this box is checked, your loan is an open-ended revolving line of credit and your payment may vary based on future disbursements.

START DATE: \_\_\_\_\_

**\*\* Please notify us at least 72 hours prior to make any changes to this transaction \*\***

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**\*\*\*\* PLEASE ATTACH A VOIDED CHECK \*\*\*\***