



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 ******