

TENNESSEE DEPARTMENT OF SAFETY CREDIT UNION
AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Credit Union _____

I (we) hereby authorize _____, hereinafter called Credit Union, to initiate debit entries to my (our) Savings Checking Account (select one) indicated below at the depository names below, hereinafter called DEPOSITORY, to credit and/or debit the same such account.

Depository Name _____ Branch _____

City _____ State _____

Routing Number _____ Account No. _____

This authorization is to remain in full force and effect until CREDIT UNION has received written or faxed notification from me (or either of us) of its termination in such time and in such manner as to afford the CREDIT UNION and DEPOSITORY a reasonable opportunity to act on it.

Name(s) _____

Credit Union Account Number _____

Date _____ Signed X _____ Signed X _____

NOTE; ALL WRITTEN CREDIT AUTHORIZATIONS SHOULD PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.