

Western Division Federal Credit Union
 6750 Main Street • Williamsville, NY 14221
 Ph: (716) 632-9328 • Fax: (716) 632-1383
www.westerndivision.org

ACH CREDIT AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS

I (we) hereby authorize **WESTERN DIVISION FEDERAL CREDIT UNION** to initiate credit entries and to initiate, if necessary, debit entries as adjustments for any credit entries in error to my (our) account indicated below at the depository financial institution named below, hereinafter called **DEPOSITORY**, and to credit and/or 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.

Request: <input type="checkbox"/> New <input type="checkbox"/> Change	Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-monthly	Start Date: _____ Loan Due Date: _____ Amount: \$_____
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Depository Name:		
Address:		
City:	State:	Zip:
<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account		
Account #:	Routing #:	

This authorization is to remain in full force and effect until **Western Division 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 **Western Division Federal Credit Union** and **Depository** a reasonable opportunity to act on it.

Name(s): _____ _____	Signature: _____ Date: _____
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Note: Written credit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

Western Division Account to DEBIT	Member #: _____ - _____	Name: _____
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