

AUTHORIZATION AGREEMENT DIRECT PAYMENTS (ACH DEBITS)
Automatic payments from another financial institution

I (we) hereby authorize Printing Industries Credit Union, to debit entries to my (our) account indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, to debit same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

FINANCIAL INSTITUTION

 (Financial Institution Name)

ACCOUNT

Checking Savings
 (Account Type)

_____	_____
(Routing/Transit Number)	(Account Number)

Recurring Amount: \$ _____ Final Amount: \$ _____

SELECT A SCHEDULE

Select One Recurrence Pattern	Weekly: <input type="checkbox"/> Recur Every: _____ weeks on _____ <small>(1-5) (Monday, Tuesday, etc)</small>
	Semi-Monthly: <input type="checkbox"/> _____ day and _____ day of every month. <small>(1-15) (16-31)</small>
	Monthly: <input type="checkbox"/> _____ of every _____ month(s). <small>(1-31) ("Day" or "Monday") (1-12)</small>

DURATION

Starting: Date: _____

Ending: Date: _____ **or** After _____ Occurrences

This authority is to remain in full force and effect until Printing Industries Credit Union has received written notification from me (or either of us) of its termination in such time and manner as to afford Printing Industries Credit Union and FINANCIAL INSTITUTION a reasonable opportunity to act on it. This Agreement shall be governed by the laws of the State of Texas and the rules of the National Automated Clearing House Association.

 (Print Industries Credit Union Loan #)

 (Print Individual Name)

 (Signature)

 (Date)

For Office Use Only
Issued Tracking Number: _____