AUTOMATIC PAYMENT/DEPOSIT AUTHORIZATION

I HEREBY AUTHORIZE ELECTRICAL FEDERAL CREDIT UNION, HEREINAFTER CALLED **CREDIT UNION**, TO INITIATE DEBIT ENTRIES TO MY ACCOUNT INDICATED BELOW AND THE FINANCIAL INSTITUTION NAMED BELOW, HEREINAFTER CALLED **FINANCIAL INSTITUTION**. I ACKNOWLEDGE THAT THE ORIGINATION OF ACH TRANSACTIONS TO MY ACCOUNT MUST COMPLY WITH THE PROVISIONS OF U.S. LAW.

FINANCIAL INSTITUTION INFORMATION: DEBIT _____ CREDIT _____

BANK NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

ROUTING #: _____ ACCOUNT #: _____

ACCOUNT TYPE: CHECKING: _____ SAVINGS: _____

PAYMENT INFORMATION:

STARTING DATE: _____

FIXED DOLLAR AMOUNT: _____

APPLY TO EFCU ACCOUNT NUMBER: _____ OR

APPLY TO OTHER FINANCIAL INSTITUTION NUMBER: _____

THIS AUTHORIZATION IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL ELECTRICAL FEDERAL CREDIT UNION HAS RECEIVED WRITTEN NOTIFICATION FROM ME OF IT'S TERMINATION IN SUCH TIME AND MANNER AS TO AFFORD **CREDIT UNION** AND **FINANCIAL INSTITUTION** A REASONABLE OPPORTUNITY TO ACT ON IT.

PRINT INDIVIDUAL NAME: _____

PRINT INDIVIDUAL EFCU ACCOUNT NUMBER: _____

SIGNATURE: _____ DATE: _____

PLEASE ATTACH A VOIDED CHECK