



ACH ORIGATION AUTHORIZATION
AGREEMENT FOR PREAUTHORIZED TRANSFERS

I (we) hereby authorize COPOCO powered by ELGA Credit Union to initiate a **DEBIT** entry from my (our)
[] Checking [] Savings account (select one) indicated below.

FINANCIAL INSTITUTION NAME _____

CITY _____ STATE _____ ZIP _____

ROUTING TRANSIT / ABA NUMBER _____

DEPOSITORY NAME _____

ACCOUNT NUMBER _____

This recurring/non-recurring transaction is to begin on _____ (date)

and occur _____ (frequency and/or dates) thereafter in the amount of \$ _____

I (we) further authorize a **CREDIT** entry to my [] checking [] savings [] loan _____

FINANCIAL INSTITUTION NAME _____

CITY _____ STATE _____ ZIP _____

ROUTING TRANSIT / ABA NO. _____

DEPOSITORY NAME _____

ACCOUNT NUMBER _____

at the same frequency and dollar amount. Except if final loan payment, the amount authorized / applied may be different. This authority is to remain in full force and effect until COPOCO powered by ELGA 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 THE FINANCIAL INSTITUTION a reasonable opportunity to act on it, or transfer is NSF twice, account is closed, and/or any other unresolved processing error.

PRINT NAME(S) _____

SIGNED _____ DATE _____

NOTARY STAMP/SEAL

If mailed signatures must be notarized _____
SIGNATURE DATE

I WISH TO TERMINATE THIS TRANSACTION AS OF _____ (DATE).

SIGNED _____

NOTARY STAMP/SEAL

If mailed signatures must be notarized _____
SIGNATURE DATE