



ACH ORIGATION AUTHORIZATION
AGREEMENT FOR PREAUTHORIZED TRANSFERS

I (we) hereby authorize COPOCO Community 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 (select one) indicated below.

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 Community 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

If mailed signatures must be notarized
SIGNATURE DATE
NOTARY STAMP/SEAL

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

SIGNED
If mailed signatures must be notarized
SIGNATURE DATE
NOTARY STAMP/SEAL