



DEBIT AUTHORIZATION FORM

I (we) hereby authorize Federated Family Credit Union, hereinafter called CREDIT UNION, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same in the amount of _____.

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Other Financial Institution Name)

(Address)

(City/State)

(Zip)

_____ Type of Acct: Checking Savings
(Routing Number)

(Federated Family CU Account/Loan Number)

(Date of Loan Payment)

This authority is to remain in full force and effect until CREDIT UNION has received written notification from me (or either of us) of its termination in such time and manner as to afford CREDIT UNION and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Print Individual Name)

(Signature)

(Social Security Number)

(Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM