

**Authorization Agreement  
Direct Payment (ACH Debits)**

I (we) hereby authorize **Coastal Community and Teacher CU**, hereinafter called Company, to debit entries to my (our) account indicated below and the Financial Institution named below, hereafterin 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.

MEMBER INFORMATION	
NAME: _____	APPLY TO: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan ACCOUNT NUMBER AND SUFFIX: _____
FINANCIAL INSTITUTION INFORMATION	
NAME: _____	FROM ACCOUNT TYPE: _____
ROUTING NUMBER: _____	ACCOUNT NUMBER: _____
RECURRING AMOUNT: \$ _____	
SELECT A SCHEDULE FOR RECURRENCE	
SEMI-MONTHLY _____ day and _____ of every month	
-OR- (1-15) (16-31)	
MONTHLY _____ of every month	
(1-31)	
Range */- _____ days	
<input type="checkbox"/> *I (we) wish to have recurring transactions that fall on non-banking days to be processed on the closest banking day Before the scheduled date.	
This authority is to remain in full force and effect until the Company has received written notification from me (or either of us) of its termination in such time and manner as to afford Company and Financial Institution a reasonable opportunity to act on it (three to five business days). This Agreement shall be governed by the laws of the State of Texas and the rules of the National Automated Clearing House Association. <b>Please be advised that the last date of a recurring ACH payment is one payment prior to your last payment or the balloon payment.</b>	
_____ Print Individual Name	_____ Date
_____ Signature	_____ Phone Number
Email: _____	
CANCELLATION/TERMINATION	
I wish to cancel the origination/draft effective _____ - _____ - _____	
<b>I understand that this Cancellation Request must be received in time to give the Company reasonable time to act on it (three to five business days).</b>	
_____ Member/Originator Signature	_____ Date
_____ Employee Name & Branch	
Origination:	Cancellation:
Processed by: _____	Processed by: _____
Verified by: _____	Verified by: _____
Date Processed: _____	Date Processed: _____
Office Use:	
Issued Tracking Number: _____	