



NIZARI PROGRESSIVE FEDERAL CREDIT UNION

ONE-TIME AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH CREDITS)

Company Name	NIZARI PROGRESSIVE FEDERAL CREDIT UNION		
Company ID	113093881	REQUEST TYPE	<input type="checkbox"/> New <input type="checkbox"/> Update Information

I hereby authorize NIZARI PROGRESSIVE FEDERAL CREDIT UNION, hereinafter called, COMPANY, to initiate credit entries to the below indicated depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account. I acknowledge that the origination of ACH transactions from my account must comply with the provisions of U.S. law.

DEPOSITORY INSTITUTION	NAME ON ACCOUNT
ROUTING NUMBER	ACCOUNT NUMBER
AMOUNT TO BE CREDITED EVERY MONTH	DATE OF CREDIT

This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. I (we) understand that COMPANY requires at least 5 days prior notice in order to cancel this authorization.

MEMBER NAME	ACCOUNT NUMBER	ACCOUNT SUFFIX
HOME PHONE NUMBER	WORK PHONE NUMBER	CELL PHONE NUMBER

DEBIT FROM: Savings Checking

NOTE: This authorization will be in effect until: (a) I/we notify the CREDIT UNION in writing that I/we no longer desire this service; (b) the loan is paid full, and any commitment to lend on the loan is terminated; or (c) the CREDIT UNION terminates this agreement. The CREDIT UNION may terminate this agreement if; (a) I/we close the bank account; (b) on 2 occasions the CREDIT UNION is unable to debit the Bank Account for full amount due; or (c) CREDIT UNION determines, in its discretion, that a change in federal or state law applicable to the bank account or loan makes it illegal or impractical to continue this service or necessitates a change in terms of this authorization. If this authorization is terminated, I/we understand and agree to provide payment by other means for the loan on or before the payment due date.

I have completed this form fully and certify that I am the authorized to furnish all the information requested. I hereby also approve that all information provided is accurate.

MEMBER SIGNATURE	TODAY'S DATE
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PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM