

TRI-VALLEY SERVICE FEDERAL CREDIT UNION
AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS/DEPOSITS

10-2014

Please be sure to sign in the signature area listed in this section only.

Company Name TRI-VALLEY SERVICE FCU Company ID #(9) 243086166

I hereby authorize TRI-VALLEY SERVICE FCU (originating company/financial institution), hereinafter called "the Company", to initiate debit entries to my Checking account indicated below. I also authorize the depository named below, hereinafter called "the Depository" to debit the same to such account.

Depository Name _____ Branch _____
City _____ State _____ Zip _____
Transit/ABA # _____ Account # _____

This authority is to remain in full force and effect until the Company and the Depository have received written notification from me of its termination in such time and in such manner as to afford the Company and the Depository a reasonable opportunity to act on it. _____ (Member's Initials)

Member Name _____ Member # _____

Signature _____ Date _____

Signature _____ Date _____

Please include a voided check from the receiving/other institution when returning this form.**Please note******

Requests scheduled on a weekend or holiday will be taken out the prior business day.

Please complete this section only if you would like to cancel the above-listed preauthorized payment. Please be sure to sign in the signature area listed in this section only.

CANCELLATION OF AUTHORIZATION FOR PREAUTHORIZED PAYMENTS

I hereby revoke my authorization to "the Company" listed above to debit entries from my Checking account indicated above. I also revoke "the Depository" named above to debit the same such account.

Member Name _____ Member # _____

Signature _____ Date _____

Signature _____ Date _____

FOR CREDIT UNION USE ONLY

Authorization Agreement Received on _____ by _____

Authorization Agreement Processed on _____ by _____

Authorization Agreement Cancelled on _____ by _____