

Ashoka Credit Union

100 Arapahoe Ave, Suite 8 Boulder, CO 80302 303-444-9003 info@ashokacreditunion.org

AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS (ACH DEBITS)

I hereby authorize Ashoka Credit Union, to initiate charges (debits) to my checking account as indicated below, at the Financial Institution named below, hereinafter called Depository and to debit those charges to such account, in the amount and on the day of the month specified below.

ON THE 5TH 10th 15TH 20TH 25TH of each month
(CIRCLE ONLY ONE)

Please charge my checking account at:

_____ (Name of Depository Bank)

To begin: _____ (Date per Loan Note)

AMOUNT: \$ _____ TO BE CREDITED AS FOLLOWS:

LOAN PAYMENT # _____ OR SAVINGS DEPOSIT # _____

Please Note: THE DEBIT will occur ON THE DATE ABOVE OR ON THE NEXT Bank Business Day.

!! A CURRENT VOID CHECK MUST BE ATTACHED TO FORM !!

Please Deliver by Hand, Mail, or FAX to 720-287-2794



This authority is to remain in full force and effect until ASHOKA CREDIT UNION or the Depository has received written notification from me of its termination in such time and in such manner as to afford Ashoka Credit Union or the Depository reasonable opportunity to act on it (**10 business days**). I understand that I still need to notify ASHOKA CREDIT UNION in writing at the time a loan is paid in full that the automatic debit for the loan payment is to be terminated.

I have the right to stop payment of a debit entry by notifying ASHOKA CREDIT UNION or the Depository in such time as to afford ASHOKA CREDIT UNION or the Depository a reasonable opportunity (**10 business days**) to act on it prior to date of the authorized transaction. I have received a copy of this agreement and agree to pay applicable fees per the Ashoka Credit Union Fee Schedule and/or Board approved updates.

After Depository account has been charged, I have the right to have the amount of an erroneous debit credited to my account by Depository, provided I send written notice of such debit entry error to ASHOKA CREDIT UNION and depository within 15 days following issuance of the Depository account statement or 45 days after such posting, whichever occurs first.

PLEASE PRINT NAME (S) as they appear on above named DEPOSITORY account above

SIGNATURE: _____

DATE: _____ DAY PHONE: _____