



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

INSTITUTION NAME: FIRESTONE FEDERAL CREDIT UNION

MEMBER'S NAME: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

DAYTIME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

I hereby authorize Firestone Federal Credit Union to debit the Checking Account at the depository financial institution named below, hereafter called Depository. I acknowledge that the origination of the ACH transaction to my account must comply with the provisions of U.S. law.

DEPOSITORY NAME: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

ROUTING NUMBER: \_\_\_\_\_ must be 9 digits

CHECKING ACCOUNT NUMBER: \_\_\_\_\_

AMOUNT: \$ \_\_\_\_\_ DUE: \_\_\_\_\_ 15th \_\_\_\_\_ 30th

START DATE: \_\_\_\_\_ or AS REQUESTED \_\_\_\_\_

\*\* Please notify us at least 48 hours prior to make any changes to this transaction \*\*

NAME \_\_\_\_\_ SSN \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\*\*\*\* PLEASE ATTACH A VOIDED CHECK \*\*\*\*