



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: _____

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

NAME _____ SSN _____

SIGNATURE _____ DATE _____

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

31 Hanna Parkway, Akron, Ohio 44319
Akron (234) 352-1100 Toll-Free (888) 740-8351 Fax (330) 724-2590 Brook Park (216) 362-3633