

ACH Debit Authorization Agreement for Recurring Payments to CU*Answers, Inc

Debit - Other Financial Institution

Credit - CU*Answers, Inc.

Complete this form if you want us to **debit** your account. You must be an authorized signer on the account being debited.

New Authorization **Change Authorization**

Debit Instructions

Credit Union Name:			
Routing Number:			
Account # to Debit:		Type of account (choose one):	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

ACH Effective Date / Frequency of Debit will be **Monthly on the 25th**

Authorization

You hereby authorize and request CU*Answers to debit funds from your account at the Financial Institution indicated. Funds need to be on deposit at the designated Financial Institution by 12 noon the day prior to the effective date of the ACH debit. In the event of an error, you authorize CU*Answers to take any and all action required to correct the error, including but not limited to, crediting or debiting your account with the Financial Institution.

*To avoid delay, all authorizations need to be received at CU*Answers, Inc. 10 business days prior to date of debit, and must be accompanied by a pre-printed document from the financial institution being debited listing all authorized signers. The following will be accepted: verification letter from your Financial Institution, voided check, deposit slip, or top portion of a statement.*

This authorization will remain in full force and effect, and will continue to occur on the date(s) indicated, until CU*Answers, Inc. receives written notification from you of its termination in such time and in such manner as to afford the financial institutions involved a reasonable opportunity to act on it. You understand that if a preauthorized ACH debit is returned three times within a twelve-month period, CU*Answers will cancel the ACH Debit Authorization Agreement for Direct Payments.

You agree to indemnify and hold CU*Answers harmless from all costs, including attorney's fees, (to the extent permitted by law), damage or claims related to action in refusing payment of the item, including claims by any authorized signer, payee, or endorsee, or in failing to cancel or process an item as a result of incorrect information provided by you.

By signing below, you certify that the information you have given on this ACH Debit Authorization Agreement for Direct Payments is complete, true, and submitted for the purpose selected above.

TO CANCEL THIS AUTHORIZATION YOU MUST NOTIFY CU*ANSWERS IN WRITING.

Name of person authorizing DEBIT (please print):	<i>(Must be an authorized signer on the account from which funds are being debited.)</i>		
Daytime phone number:			

Signature of Person Authorizing Debit:	Date:
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For CU*Answers Use Only

Representative Name	Phone / Extension
Date Received	Date Processed

EFT Representative
