

SOUTH SHOP FEDERAL CREDIT UNION

3737 W. 127TH. ST. ALSIP, IL. 60803

PH. (708) 925-9500 FAX (773) 873-8334

**AUTHORIZATION AGREEMENT FOR
AUTOMATED CLEARING HOUSE (ACH) DEBITS**

NAME _____ **ACCOUNT#** _____

I hereby authorize the South Shop F.C.U. (formerly CTASS&U), hereinafter called the ACH Originator, to initiate Debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to the account indicated below and the Bank named below, hereinafter called Bank, to debit the same to such account.

BANK INFORMATION:

BANK NAME _____

ACCOUNT TYPE (PLEASE CHECK) CHECKING _____ **SAVINGS** _____

ROUTING NUMBER _____ **ACCOUNT#** _____

AMOUNT APPLIED TO SHARES \$ _____

AMOUNT APPLIED TO LOANS \$ _____

TOTAL MONTHLY DEBIT AMOUNT \$ _____

(THE ACH WILL TAKE PLACE ON THE FIRST DAY OF THE MONTH)

This authority is to remain in full force and effect until ACH originator has received written notification of termination of this agreement in such time and in such manner as to afford ACH Originator and Bank a reasonable opportunity to act on it.

SIGNATURE _____

DATE _____

(Authorization agreement must be completely filled out and returned to the Credit Union with a voided check)