

AGC CREDIT UNION
AUTHORIZATION FOR AUTOMATED ELECTRONIC ENTRIES

I (we), _____ hereby authorize AGC Credit Union to initiate debit/credit entries to my (our) account indicated below and the financial institution named below, hereinafter called Financial Institution, to debit/credit the same to such account for the amount of \$ _____. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions U.S. law.

Financial Institution: _____

Address: _____ City, State, Zip _____

Routing Number _____

Account Number _____

Type of Account: _____ Checking _____ Savings

Frequency: _____ Weekly (Friday)
_____ Bi-Weekly (Friday)
_____ Semi-Monthly (15th & 30th of each month)
_____ Monthly (1st of each month)
_____ Monthly (15th of each month)
_____ Monthly (10th of each month)

Beginning date: _____

This authorization will remain in full force and effect until AGC Credit Union has received written notification from me (or either of us) within 15 days of the requested termination date.

AGC Account Number _____
_____ Checking _____ Savings _____ Other _____

Print or Type Name _____

Signature _____ Date _____

Signature _____ Date _____

Office Use Only:
Entered on ACH: By _____ Date _____

I (we) hereby authorize AGC Credit Union to cancel/stop the above debit/credit entries to my (our) account at _____ (Financial Institution) in the amount of \$ _____.

Print or Type Individual Name _____

Signature _____ Date _____

Signature _____ Date _____

Office Use Only:
Entered on ACH: By _____ Date _____