

Authorization for Electronic Transfers

I (we) hereby authorize AGC Credit Union, hereinafter called FINANCIAL INSTITUTION, to initiate debit/credit to my(our) [] Checking [] Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to debit/credit same to such account.

DEPOSITORY
NAME _____

CITY _____ STATE _____ ZIP _____

TRANSIT / ABA NO. ____ - ____ - ____ - ____ - ____

ACCOUNT NO. _____

This recurring/non-recurring transaction is to begin on _____ (date) and occur _____ (frequency and/or dates) thereafter in the amount of \$ _____.

I (we) further authorize FINANCIAL INSTITUTION to debit/credit my (checking,savings,loans,etc.) account number _____ at FINANCIAL INSTITUTION at the same frequency and dollar amount.

This authority is to remain in full force and effect until FINANCIAL INSTITUTION has received written notification within fifteen days from me of its termination in such tmie and in such manner as to afford FINANCIAL INSTITUTION a reasonable opportunity to act on it.

PRINT NAME(S) _____ DATE: _____

SIGNATURE(S): _____