

# AUTHORIZATION AGREEMENT FOR ACH CREDITS AND DEBITS



NEW     
  MODIFY     
  REVOKE     
 DATE: \_\_\_\_\_

Member Name:	CHCU Account number:	Phone:	Email:
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## ACCOUNT TO BE DEBITED

FINANCIAL INSTITUTION	R&T/ABA NUMBER
CITY	STATE
BRANCH	ACCOUNT NO.
NAME ON ACCOUNT	\$ AMOUNT:
<input type="checkbox"/> Checking account	<input type="checkbox"/> Savings account

I (we) hereby authorize Covenant Health Credit Union, a division of Consumer Credit Union, (originating financial institution) to initiate debit entries to my account, (named above) and if necessary, initiate adjustments for an transactions debited in error, to the financial institution named below, to debit the same to such account.

## ACCOUNT TO BE CREDITED Checking Savings Loan

FINANCIAL INSTITUTION	R&T/ABA NUMBER	
CITY	STATE	
BRANCH	ACCOUNT NO.	
NAME ON ACCOUNT	\$ AMOUNT:	DATE TO BEGIN ORIGATION:

Single Entry       Repetitive Entry      
 Repetitive Instructions:  Monthly     Weekly     Bi-Weekly

This authorization is to remain in full force and effect until Covenant Health Credit Union, a division of Consumer Credit Union has received written notification from me (or either of us) of its termination in such time and such manner as to afford Covenant Health Credit Union, a division of Consumer Credit Union, and named financial institution a reasonable opportunity to act on it.

(Please Print) NAMES:	NAMES:
SIGNED:	SIGNED:
DATE:	

NOTE: In the case of revoked authorization, all written authorizations must be revoked only by notifying the originator in writing no later than 15 days before the next transaction.

FAX OR EMAIL FORM TO DOTTIE DAVIS AT: (865) 331-2194 OR DDAVIS@CHCU.COM  
 IF YOU HAVE ANY QUESTIONS, CALL DOTTIE AT (865) 331-2571 OR EMAIL AT DDAVIS@CHCU.COM

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**MUST HAVE VOIDED CHECK OR LETTERHEAD FROM FINANCIAL INSTITUTION!**
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EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_