



MEMBER NAME: _____

ACCOUNT #: _____

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT (ACH DEBITS)

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT/FUNDS TRANSFER (ACH CREDITS)

**STATE HIGHWAY PATROL FEDERAL CREDIT UNION
1900 POLARIS PARKWAY – SUITE 400
COLUMBUS, OH 43240**

IS HEREBY AUTHORIZED TO INITIATE DEBIT/CREDIT ENTRIES TO MY (OUR) ACCOUNT AS INDICATED AT THE INSTITUTION BELOW:

NAME OF FINANCIAL INSTITUTION: _____

FINANCIAL INSTITUTION ROUTING & TRANSIT #: _____
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TYPE OF ACCOUNT: CHECKING ACCOUNT #: \_\_\_\_\_  
(ACCT(S) TO BE DEBITED/CREDITED) SAVINGS ACCOUNT #: \_\_\_\_\_  
LOAN ACCOUNT #: \_\_\_\_\_  
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RECURRING BIWEEKLY MONTHLY
ONE-TIME PAYMENT AMOUNT: \$ _____
CHANGE ONLY PAYMENT DATE: _____
DELETE

DATE AUTHORIZED SIGNATURE

ALL DEBITS/CREDITS MUST COMPLY WITH U.S. LAW. THEY MAY BE REVOKED WITHIN 60 DAYS FROM THE SETTLEMENT DATE. ANY NSF OR RELATED FEES WILL BE ELECTRONICALLY DEBITED FROM YOUR ACCOUNT.
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**FOR CREDIT UNION USE ONLY** (Off Setting Entry Information)

ACCOUNT TYPE: CHECKING SAVINGS LOAN G/L  
CREDIT UNION ACCOUNT NUMBER: \_\_\_\_\_

DEPOSIT/CREDIT WITHDRAW/DEBIT  
DATABASE NAME: \_\_\_\_\_

\_\_\_\_\_  
CREDIT UNION REPRESENTATIVE DATE

NOTE: The Receiver may revoke this Debit or Credit Authorization by completing a Written Statement of Unauthorized Debit form.