



I authorize City-County Employees Credit Union, hereinafter called "Company," to initiate debit entries to my account indicated below and the Financial Institution named below, hereinafter called "Financial Institution," to debit the same account. I acknowledge that the origination of ACH transactions to my account must comply with U.S. law.

Account Details

Financial Institution Name: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____ Type of Acct: ☐ Checking ☐ Savings

Payment Details

☐ **Fixed Payment**

Dollar Amount: \$: _____

Frequency: ☐ Daily ☐ Weekly ☐ Monthly ☐ Per Statement Due Date

☐ **Variable Payment**

Amount shown due on Invoice or Statement

Name of Account Owner (if funds are being sent to another account): _____

This authorization is to remain in full force and effect until Company has received written notification from me (or any authorized account signer) of its termination in such time and manner as to afford the Company a reasonable opportunity to act on the request.

Print Individual Name: _____ Signature: _____

Individual ID Number, if applicable: _____ Date: _____

☐ If checked, attach a copy of a voided check or proof of account ownership to this form

For Credit Union Use Only		
Received By:	Completed By:	Date Completed: