



Serving Those Who Serve Us

AUTHORIZATION AGREEMENT
DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize CAHP Credit Union hereinafter called COMPANY, to debit entries to my (our) account indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, to debit same to such account.

FINANCIAL INSTITUTION

(Financial Institution Name)
(Address) (City-State) (Zip)

ACCOUNT

Checking Savings (Account Type) Routing Number Account Number

Recurring Amount: \$ Final Amount: \$

SELECT A SCHEDULE

Select One Recurrence Pattern
Daily: Recur Every: days (1-31)
Weekly: Recur Every: weeks on (Monday, Tuesday, etc)
Semi-Monthly: day and day of every month. (1-15) (16-31)
Monthly: of every month(s). (1-31) ("Day" or "Monday") (1-12)
Yearly: of (1-31) ("Day" or "Monday") (January, February, etc)

Range +/- Days

* I (we) wish to have recurring transactions that fall on non-banking days to be processed on the closest banking day BEFORE the scheduled date.

DURATION

Starting: Date:
Ending: Date: or After Occurrences

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Print Individual Name)
(Signature)
(Date)

For Office Use Only
Account Number and Suffix