



ACH DEBIT AUTHORIZATION
Recurring Fixed Payments to your Credit Union Account

I (we) hereby authorize First Eagle Federal Credit Union, hereinafter called CREDIT UNION, to initiate debit entries to my (our) account indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for \$\_\_\_\_\_ on the following day or days each month.

- CHECK ONE ONLY
Monthly Date
Semi-monthly First Date: \_\_\_\_\_ Second Date: \_\_\_\_\_
Bi-Weekly Day

(Financial Institution Name) (Branch)

(Address) (City/State)

(Routing Number) (Account Number)

Type of Acct: [ ] Checking [ ] Savings

[ ] I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

[ ] Check here if this is a change.

Please distribute these funds to the following accounts at First Eagle Federal Credit Union:

Credit Union Account # \_\_\_\_\_ Effective Date: \_\_\_\_\_
(For first withdrawal)

Loan # \$ \_\_\_\_\_ Expire Date: \_\_\_\_\_ Savings: \$ \_\_\_\_\_
Loan # \$ \_\_\_\_\_ Expire Date: \_\_\_\_\_ Checking: \$ \_\_\_\_\_
Loan # \$ \_\_\_\_\_ Expire Date: \_\_\_\_\_ Money Market: \$ \_\_\_\_\_
Other# \$ \_\_\_\_\_ Christmas Club: \$ \_\_\_\_\_ Vacation Club: \$ \_\_\_\_\_
IRA Certificate: \$ \_\_\_\_\_ IRA Shares: \$ \_\_\_\_\_

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

(Print Individual Name) (Signature) (Date)
(Print Joint Name) (Joint Signature) (Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM

For First Eagle Federal Credit Union use:

Reviewed by Branch staff: Name: \_\_\_\_\_ Date: \_\_\_\_\_

Entered by Corporate Staff: EFT Record Changed: \_\_\_\_\_ Date: \_\_\_\_\_