



AUTHORIZATION FOR ACH PAYMENT / DEPOSIT

I hereby authorize Connected Credit Union, hereinafter called CREDIT UNION, to initiate a withdrawal from my account at the financial institution named below, hereinafter called FINANCIAL INSTITUTION. I (we) acknowledge that the origination of ACH transactions to my account must comply with the provisions of the U.S. law and the NEACH (New England Automated Clearing House) Operating Rules.

FINANCIAL INSTITUTION INFORMATION:

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE #: _____

ROUTING #: _____ ACCT #: _____

ACCOUNT TYPE: ___SAVINGS or ___CHECKING (check one)

Payment information:

Starting Date: _____ Monthly Amount: \$ _____

Transfer to occur how frequently: _____

(weekly, bi-weekly, monthly followed by the day or date, i.e. weekly each Monday; monthly on the 15th)

APPLY TO CONNECTED CREDIT UNION ACCOUNT/LOAN # _____

This authorization is to remain in full force and effect until *CREDIT UNION* has received written notification from me of its termination in such manner as to afford *CREDIT UNION* a reasonable opportunity to act on it (generally 3 business days before the scheduled payment date). This authorization may be unilaterally terminated by the *CREDIT UNION* in cases of excessive returns or member abuse, or whenever the loan # above has been paid in full. Any excess payments received after the loan is paid in full will be credited to the member's share account.

I understand that should a transaction date fall on a weekend or holiday, the transaction will be processed the next business day. I further acknowledge that I will not hold *CREDIT UNION* responsible for uncompleted transactions because of insufficient funds on my *FINANCIAL INSTITUTION* account. At any point the *CREDIT UNION* has the ability to review transactions initiated under this agreement to ensure compliance with all applicable rules and regulations.

PRINTED NAME: _____ MEMBER # _____

Signature (s): _____

By signing above, I authorize Connected Credit Union to contact my financial institution to verify the information provided.

**P.O. Box 1096 85 Civic Center Drive Augusta, ME 04332-1096
(207) 623-3857**