

**AUTHORIZATION FOR DIRECT PAYMENT VIA ACH
(ACH DEBITS)**

I (we) hereby authorize Census Federal Credit Union to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) as follows:

_____ Checking Account / _____ Savings Account (select one) at the depository financial institution named below (“DEPOSITORY”). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Depository Name _____

Routing Number _____ Account Number _____

Name(s) on the Account _____

Amount of debit(s) or method of determining amount of debit(s) _____

Date(s) and/or frequency of debit(s) _____

I (we) understand that this authorization will remain in full force and effect until I (we) notify Census Federal Credit Union by **written notification** that I (we) wish to revoke this authorization. **I (we) understand that Census Federal Credit Union requires at least 2 weeks prior notice in order to cancel this authorization. A \$30.00 service fee will be assessed for a returned item.**

Name (s) _____ Social Security Number _____
(Please Print)

Account # _____ Suffix _____

Date _____ Signature _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM.