



**Authorization Agreement for ACH Debits/Credits**  
 (Attach a deposit slip or voided check from Financial Institution if available)

I, \_\_\_\_\_, an authorized accountholder on the below referenced accounts, hereby authorize **Directors Choice Credit Union (DCCU)** to initiate the following debit or credit entries to my account(s) indicated below at the depository financial institution named below, hereafter called **FINANCIAL INSTITUTION**, and debit or credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply under the rules of the National Automated Clearing House Association (NACHA) and with the provisions of U.S. law. Further, I understand this Agreement supplements the other terms, conditions and related disclosures associated with my account at FBCU, which I have previously received and agreed to.

Authorization will require funds to be available in the account prior to origination to allow reasonable time for processing on the requested date. Entries returned due to non-sufficient funds or paid using any available Courtesy Pay limits may be charged a fee, as set forth in DCCU's Fee Schedule. This authorization will remain in full force and effect until **DCCU** has received written authorization of its termination in such time and manner as to afford **DCCU** and the named **FINANCIAL INSTITUTION** a reasonable opportunity to act upon it; or should funds be applied directly to a loan – at which time this loan has been paid in full. FBCU reserves the right to revoke this Agreement.

**ACH DEBIT AUTHORIZATION** (transfers from other institutions to DCCU)

**FINANCIAL INSTITUTION:**  
 Financial Institution Name \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ Routing Number \_\_\_\_\_  
 Account Number \_\_\_\_\_ Type of Account:  Checking  Savings  
 Effective Date of First Debit\* \_\_\_\_\_ Total Debit Amount \$ \_\_\_\_\_  
 Frequency of Debit:  One Time Debit  Weekly  Bi-Weekly  Monthly

**DCCU:**  
 Account Number \_\_\_\_\_ Type of Account:  Checking  Savings  Loan

If funds are applied directly to a loan, should the payment change, I authorize DCCU to adjust the amount of the debit to reflect the current loan payment.

**ACH CREDIT AUTHORIZATION** (transfers to other institutions from DCCU)

**FINANCIAL INSTITUTION:**  
 Financial Institution Name \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ Routing Number \_\_\_\_\_  
 Accountholder Name \_\_\_\_\_  
 Account Number \_\_\_\_\_ Type of Account:  Checking  Savings  Loan  
 Effective Date of First Credit\* \_\_\_\_\_ Total Credit Amount \$ \_\_\_\_\_  
 Frequency of Credit:  One Time Debit  Weekly  Bi-Weekly  Monthly

**DCCU:**  
 Account Number \_\_\_\_\_ Type of Account:  Checking  Savings

\*DCCU requires sending Prenotifications to the designated FINANCIAL INSTITUTION. Therefore, the effective date should be at least 10 days prior to the first transaction.

**Disclaimer**

DCCU will make every effort to process, transmit or settle entries in a timely manner and in accordance with NACHA operating rules. From time to time, DCCU may need to temporarily suspend processing of a transaction, which might result in delayed settlement and/or availability of entries. DCCU shall be liable only for its gross negligence or willful misconduct in performing these services. We will not be liable, for instance, if:

- Your account has insufficient funds to complete the transfer;
- The funds are subject to legal processes or other encumbrances restricting such transfer;
- Such transfer would exceed an established credit limit; or
- Circumstances beyond our control (such as flood, fire, computer breakdown) prevent the transfer, despite reasonable precautions we have taken.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

SSN/TIN \_\_\_\_\_ Phone Number \_\_\_\_\_

**FOR CREDIT UNION USE ONLY:**  
 OFAC List Checked (Sender and Receiver)

Authorization Taken by \_\_\_\_\_ Date & Time \_\_\_\_\_  
 Completed by \_\_\_\_\_ Date & Time \_\_\_\_\_