

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS



- Recurring Direct Payment**
- One-Time Direct Payment**
- Cancel Direct Payment**

RECURRING TRANSFERS

DEBIT FROM INSTRUCTIONS		CREDIT TO INSTRUCTIONS	
NAME OF FINANCIAL INSTITUTION		SDCCU ACCOUNT NUMBER	
ADDRESS		SDCCU LOAN SUFFIX / ID	
CITY, STATE, ZIP		AMOUNT	
ACCOUNT NUMBER	ROUTING NUMBER		
TYPE OF ACCOUNT			
<input type="checkbox"/> CHECKING		<input type="checkbox"/> SAVINGS	
DATE OF DEBIT		AMOUNT	
<input type="checkbox"/> WEEKLY	<input type="checkbox"/> BI-WEEKLY	<input type="checkbox"/> SEMI-MONTHLY	<input type="checkbox"/> MONTHLY

ONE-TIME TRANSFER

DEBIT FROM INSTRUCTIONS		CREDIT TO INSTRUCTIONS	
NAME OF FINANCIAL INSTITUTION		SDCCU ACCOUNT NUMBER	
ADDRESS		SDCCU LOAN SUFFIX / ID	
CITY, STATE, ZIP		AMOUNT	
ACCOUNT NUMBER	ROUTING NUMBER		
TYPE OF ACCOUNT			
<input type="checkbox"/> CHECKING		<input type="checkbox"/> SAVINGS	
DATE OF DEBIT		AMOUNT	

I authorize San Diego County Credit Union to initiate debit entries, including the one-time service fee, on my behalf from the Financial Institution account indicated above and credit the same entry to my San Diego County Credit Union account. I acknowledge that the origination of Automated Clearing House (ACH) transactions to my account must comply with the provisions of state and federal law. I understand I will be notified if the debit amount needs to be adjusted, either to be increased or decreased. I also understand that I have the right to stop automatic payment(s) by notifying my Financial Institution in writing three (3) business days prior to the time my account is charged. I also authorize adjustment entries in the event of an erroneous transaction on my account.

For both recurring transfers and one-time transfers, if the date of the DEBIT transaction falls on a weekend or holiday, the debit will occur on the next business day. This authorization is to remain in effect until San Diego County Credit Union receives written notification from me (or a joint owner on the account) of its termination in such time and in such manner as to afford SDCCU® a reasonable opportunity to act on it. Please refer to the Consumer Services Fee Schedule for any related costs.

MEMBER NAME (FIRST MIDDLE LAST)

SIGNATURE

DATE

PHONE NUMBER