



Logan
Cache
Rich

Credit Union

AUTOMATIC PAYMENT/DEPOSIT AUTHORIZATION

I hereby authorize LOGAN CACHE RICH FEDERAL CREDIT UNION to initiate credit, and/or debit entries to my (our) account indicated below and the financial institution named below. I (we) acknowledge that the origination of ACH transactions to my account must comply with the provisions of US law.

FINANCIAL INSTITUTION INFORMATION:

BANK NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

ROUTING NUMBER: _____ ACCT NUMBER: _____

ACCOUNT TYPE: CHECKING SAVINGS MONEY MARKET (CIRCLE ONE)

PAYMENT INFORMATION:

STARTING DATE AND FREQUENCY: _____

FIXED DOLLAR AMOUNT _____ OR VARIABLE AS REQUESTED

APPLY TO CREDIT UNION ACCOUNT NUMBER: _____

This authorization may be unilaterally terminated by LCRCU in cases of excessive returns or member abuse, or whenever any loans have been paid in full with recurring debits.

PRINT INDIVIDUAL NAME: _____

PRINT INDIVIDUAL ID NUMBER: _____

SIGNATURE: _____

*****Please attach a voided check to this form.*****