

Authorization for Automatic Payment

Member/Borrower Name (please print) _____

Member/Borrower Account Number _____ Account Type: S _____ or L _____

- New Authorization Delete Authorization Change Existing Authorization

I (we) authorize Citizens Community Credit Union to electronically debit my (our) account at the financial institution named below; and if necessary, electronically debit or credit my (our) account to correct or adjust any entry made to my (our) account in error.

This authority will remain in full force and effect until I (we) notify Citizens Community Credit Union, in person, in writing to 2012 1st Ave S, Fort Dodge, IA 50501, or by phone to 515 955-5524 that I (we) wish to revoke this authorization at least three (3) days prior to the proposed effective date of termination of authorization.

Financial Institution Information

Name of Financial Institution _____ City _____ State _____

Financial Institution Routing Number _____ Checking Account Number _____

Name of Account Holder (please print) _____

Select One

- Checking Account Savings Account

I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Payment Information

- Weekly Bi-weekly Semi-monthly Monthly Quarterly

Payment is to be made on the following day(s) of the month _____, in the amount of \$ _____, with the starting date of _____.

Member/Borrower Signature _____ Date _____

Citizens Community Credit Union • Phone: (515) 955-5524 • Fax: (515) 955-8241