

**PAYMENT OPTION 1**

Automatic Payments

Complete, sign, and return this form to:

PGAFCU

720 N. Greenwood St.

Pueblo, CO 81003-3014

Or fax to the lending department at:

(719) 542-8581

**PAYMENT OPTION 2**

Mail a Check or Money Order to:

PGAFCU

720 N. Greenwood St.

Pueblo, CO 81003-3014

(Please list your loan number on the payment)

For more info call 719-542-3379

**AUTHORIZATION AGREEMENT**  
**DIRECT PAYMENTS (ACH DEBITS)**

I (we) hereby authorize Pueblo Government Agencies Federal Credit Union, hereinafter called COMPANY, to debit entries to my (our) account indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, to debit same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Account To Be Debited:

Financial Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Routing No.: \_\_\_\_\_ Account No.: \_\_\_\_\_

Checking or Savings? \_\_\_\_\_

Recurring Amount: \_\_\_\_\_ Date of Final Payment: \_\_\_\_\_

Frequency:

**Daily:** Every \_\_\_\_\_ days. (1-31)

**Weekly:** Recur Every \_\_\_\_\_ (1-5) weeks on \_\_\_\_\_ (Mon. – Fri.)

**Bi-Weekly:** \_\_\_\_\_ (every 14 days)

**Semi-Monthly:** Every \_\_\_\_\_ (1-15) and Every \_\_\_\_\_ (16-31) day of the month.

**Monthly:** Every \_\_\_\_\_ (1-31) day of the month.

**Annually:** Every \_\_\_\_\_ (1-31) day of \_\_\_\_\_ (Jan-Dec.)

\_\_\_\_\_\* I (we) wish to have recurring transactions that fall on non-banking days to be processed on the closest banking day **BEFORE** the scheduled date.

**Beginning Date:** \_\_\_\_\_ **End Date** \_\_\_\_\_ **or After** \_\_\_\_\_ **Occurrences** (ex. 60 months)

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it. This Agreement shall be governed by the laws of the State of Texas and the rules of the National Automated Clearing House Association.

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Processed By (**INTERNAL**)