

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.

FINANCIAL INSTITUTION (Where funds are coming from)

(Financial Institution Name)

(Address) (City-State) (Zip)

ACCOUNT

Checking Savings
(Account Type)

_____ (Routing/Transit Number)	_____ (Account Number)
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Recurring Amount: \$ _____ Final Amount: \$ _____

SELECT A SCHEDULE

Select One Recurrence Pattern	Daily: <input type="checkbox"/> Recur Every: _____ days (1-31)
	Weekly: <input type="checkbox"/> Recur Every: _____ weeks on _____ (1-5) (Monday, Tuesday, etc)
	Semi-Monthly: <input type="checkbox"/> _____ day and _____ day of every month. (1-15) (16-31)
	Monthly: <input type="checkbox"/> _____ of every _____ month(s). (1-31) ("Day" or "Monday") (1-12)
	Yearly: <input type="checkbox"/> _____ of _____ (1-31) ("Day" or "Monday") (January, February, etc)

Range +/- _____ Days

* 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.

DURATION

Starting: Date: _____

Ending: Date: _____ **or** After _____ Occurrences

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.

(Print Individual Name)

(Signature)

(Date)

For Office Use Only
Issued Tracking Number: _____