

DIGITAL PAY

<u>PAYMENT OPTION 1</u> 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

<u>PAYMENT OPTION 2</u> 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
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AUTHORIZATION AGREEMENT
DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize Pueblo Government Agencies Federal Credit Union, hereinafter called PGAFCU, 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: _____
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Frequency: 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.

Beginning Date: _____ **or after** _____ **Occurrences (ex. 60 months)**

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

(Printed Name)

(Signature)

(Date)

Processed By (**INTERNAL**)