



2225 E Garvey Ave N, West Covina, CA 91791

PH (626) 974-4447, Fax (626) 974-4473

(ACH Debit) Incoming Payment Authorization Agreement

Direct Payment via ACH is the transfer of funds from a consumer account at another Financial Institution for the purpose of making payments to your United Catholics FCU account.

From the Financial Institution:

I (we) authorize United Catholics Federal Credit Union to electronically debit my (our) account (and, if necessary electronically credit my (our) account to correct erroneous debits) as follows:

Checking Account Savings Account (select one) from the financial institution named below.

Financial Institution Name

Address City State Zip

Routing & Transit Number Account Number

Amount of Debit \$ Frequency Date of Next Debit

To United Catholics FCU ("Depository"):

I (we) authorize United Catholics Federal Credit Union to credit the same entry to my (our) account at United Catholics Federal Credit Union as follows:

Member Account #: Savings (Suffix) Checking (Suffix) Loan (Suffix)

If the date of credit falls on a weekend or holiday, debit will occur on the business day prior to the weekend or holiday. I (we) understand that I (we) will be notified if the debit amount needs to be adjusted, either to be increased or decreased. I (we) also understand that I (we) have the right to stop automatic payments by notifying United Catholics Federal Credit Union in writing fifteen (15) days prior to the time my (our) account is charged. I (we) authorize adjustment entries in the event of erroneous transactions on my (our) account. I (we) acknowledge that the origination of ACH transactions to my (our) accounts must comply with the provisions of U.S. law.

This authority is to remain in full force and effect until United Catholics Federal Credit Union has received written notification from me (us) of its termination in such a time and manner as to afford United Catholics Federal Credit Union a reasonable time to act upon it. This authorization is subject to United Catholics Federal Credit Union's Electronic Service Agreement and Disclosure.

Only one signature is required.

Member Name (Print) Last 4 digits of Member Social Security #

Member Signature Date

Joint Owner Name (Print) Last 4 digits of Joint Owner Social Security #

Member Signature Date

- Please attach one of the following from the other financial institution: 1) Voided Check. 2) Statement showing account ownership. 3) Letter from other financial institution verifying account ownership.

Please return this form to: United Catholics FCU, 2225 E Garvey Ave N, West Covina, CA 91791 or Fax (626) 974-4473