



San Angelo Federal Credit Union  
235 West 1st Street  
San Angelo, TX 76903

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

San Angelo Federal Credit Union

Rt.# 311387946

I (we) hereby authorize San Angelo Federal Credit Union, hereinafter called Credit Union, to initiate debit entries to my (our)  Checking Account /  Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name \_\_\_\_\_ Name on Account \_\_\_\_\_

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

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

This authorization is to remain in full force and effect until San Angelo Federal Credit Union has received written notification from me (or either of us) of its termination in such time and in such manner as to afford San Angelo Federal Credit Union and DEPOSITORY a reasonable opportunity to act on it.

Amount: \_\_\_\_\_

Name(s) \_\_\_\_\_ Account No. \_\_\_\_\_

Effective Date: \_\_\_\_\_ (must be on the 1<sup>st</sup>, 10<sup>th</sup>, 15<sup>th</sup>, or 25<sup>th</sup>)

Date \_\_\_\_\_ Signature \_\_\_\_\_

**NOTE: Written debit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.**