ACH DEBIT AUTHORIZATION FORM

I (we) hereby authorize APEX Community Federal Credit Union to initiate debit entries from my/our checking/savings accounts at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authorization will remain in effect until APEX Community Federal Credit Union is notified by me (us) in writing to cancel it in such time as to afford APEX Community Federal Credit Union a reasonable opportunity to act on it.

FROM: _____
(Name of Financial Institution)

_____
(Address of Financial Institution)

___ ___ ___ ___ ___ ___ ___ ___ ___ _____
(Routing and Transit Number) **(Phone Number)**

_____ **___Checking ___ Savings**
(DFI Account Number)

To: APEX Community Federal Credit Union _____
(Account Number)

Savings/Checking _____ _____
(Suffix) **(Amount)**

Effective Date: _____ **Frequency:**_____
1 Time, M, W, B, S

Loan Number: _____ **$** _____

Loan Number: _____ **$** _____

Visa Card Number:_____ **$** _____

(Loan and Payments will be transferred on due date unless otherwise Authorized)

I (we) understand that APEX Community Federal Credit Union reserves the right to cancel this agreement and terminate this transfer, with or without cause, followed by a written notification to me (us).
I (we) understand that the origination of an ACH transaction to or from my (our) account must comply with provisions of the United States Law.

_____ _____ _____
(Signature) **(Signature)** **(Date)**

_____ _____
Name - Please Print **Name - Please Print**