

# ACH AUTHORIZATION

## AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBIT)

DATE TO START :  BIWEEKLY OR MONTHLY:

I (we) hereby authorize WesTex Federal Credit Union, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for \$  . I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. law.

Other Financial Institution (debit)

NAME:  BRANCH:

ADDRESS :  CITY:  STATE:  ZIP:

ROUTING NUMBER:  ACCOUNT NUMBER:

This authorization 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 in such manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Credit Union Account (credit)

NAME:  ACCOUNT NUMBER:

DATE:  SIGNATURE:

**PLEASE ATTACH A COPY OF VOIDED CHECK TO THIS FORM.**

NOTES:

- All written debit authorizations must provide that the Receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.
- Single-entry reversals do not require authorization by the Receiver. Therefore, previously recommended language regarding the initiation of possible credit entries is no longer stated in the authorization.
- The underlined language in the authorization above represents the disclosure requirement associated with the clarification OFAC economic sanction policies upon ACH Network Participants.



### Southwest Office

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