

AUTHORIZATION FOR AUTOMATIC PAYMENT

Complete this authorization to have automatic payments made from your Community Powered Federal Credit Union account. Print one authorization for each company that you make automatic payments from your account.

_____ Date _____ Name of Company that You Make Automatic Payments To

_____ Address _____

_____ City _____ State _____ Zip _____

Financial Institution Name:

Community Powered Federal Credit Union
1758 Pulaski Hwy
Bear, DE 19701

_____ 231177016

_____ Routing & Transit Number

Account Type: Savings Checking

_____ Account Number

_____ Vendor Name

_____ Vendor Account Number \$ _____ Payment Amount

I (we) authorize _____ (Vendor Name) to initiate variable entries to my checking/savings.

This authorization will remain in effect until I notify _____ (Vendor Name) in writing to cancel it in such time as to afford _____ (Vendor Name) a reasonable opportunity to act.

I also agree that I remain obligated to pay for these services in the event that a charge to my account is dishonored, for whatever reason, and that _____ (Vendor Name) retains its normal collection rights.

If you have any questions about this request, please contact me during the day evening at (_____) _____ Phone Number

Thank You.

Sincerely,

_____ Signature _____ Name _____ Date _____

_____ Joint Account Signature _____ Name _____ Date _____

Please complete this form, sign, and return to the appropriate institution.

