

CONSUMER AUTHORIZATION FOR DIRECT DEPOSIT VIA ACH (ACH CREDITS)

to electronically cred		IT UNION ("FINANCIAL INSTITUTION") sary, to electronically debit my (our)
_	/ □ Savings Account (select one) low ("DEPOSITORY FI"). I (we) ag h all applicable law.	
Depository FI Name		
	Account Nun ginning w/ 0, 1, 2, or 3)	nber
Name(s) on the Accou	unt	
Amount of Credit \$	Date(s) and/or fre □ Recurring Credi □ One-Time Occu	
AMERICAN SOUTHWI branch that I (we) wis SOUTHWEST CREDIT of this agreement in or reviewed and unders	EST CREDIT UNION in person, in wash to revoke this authorization. I UNION requires at least TWO (2) order to make any changes or can tand that the routing information NSF fees, late charges, or any oth	n full force and effect until I (we) notify vriting, or by telephone* at any ASCU (we) understand that AMERICAN days' notice prior to the effective date cel this authorization. I (we) have provided within this agreement is er processing fees incurred will be
Name(s) (Please Print		
Date	Signature(s)	
*Toll Free at (800) 752-63 *Please visit <u>www.americ</u>	94 cansouthwestcu.org for branch locations	\$-
MSR # & INITIALS	DATE RECV'D IN ACCTG	COMPLETED BY (ACCTG CLERK) & DATE