



## ACH AUTHORIZATION FORM

### AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS – ACH DEBITS

I/We hereby authorize Reliance Credit Union to initiate debit entries to transfer funds from my/our

Type of Account  
(Select One)

Savings Account

Checking Account

indicated below at the depository financial institution named below. I/we agree that ACH transactions authorized herein shall comply will all applicable U.S. Laws.

Depository Name \_\_\_\_\_

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

Date of First Draft \_\_\_\_\_ Frequency \_\_\_\_\_ Amount\$ \_\_\_\_\_

This authorization shall remain in full force and effect until Reliance Credit Union has received notification from me (or either of us) of its termination.

Name:

Date:

Signature: \_\_\_\_\_

Signature(s): \_\_\_\_\_