

Authorization Agreement for Preauthorized Payment
(Direct Deposit or withdrawal with Louviers FCU)

Credit Union Name: Louviers Federal Credit Union
Credit Union Routing Number 231177100

I (we) hereby authorize Louviers Federal Credit Union, hereinafter called COMPANY, to initiate the following ACH funds transfer.

OTHER FINANCIAL INSTITUTION

Bank Name _____

Account Name _____

Routing number (nine digits) _____

Account Number _____

(Check one)

- Withdraw money from other institution (debit)
- Deposit money to other institution (credit)

Frequency: (circle one) Once Weekly BI-Weekly Semi-Monthly Monthly

Dollar Amount _____

Starting Date _____

Check one account type

- Checking
- Savings
- Loan

LOUVIERS FEDERAL CREDIT UNION INFORMATION

Member Name _____

Member account # _____

Check one account type

- Checking
- Savings
- Loan (not applicable for sending money)

This authorization is to remain in full force and effect until COMPANY has received written notification from one (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act upon it.

Name(s) _____
Please print

Signature(s) _____

Date _____

Date _____