

Authorization Agreement for Preauthorized Payments

Member Name: _____ Social Security #: _____

I (We), hereby authorize Pathways Financial Credit Union, hereinafter called DEPOSITORY, to initiate a credit entry from my/our account indicated below from the Depository named below, hereinafter called DEPOSITORY, to debit same to such account.

CREDIT TO:

Pathways Financial Credit Union
5665 N. Hamilton Rd.
Columbus, OH 43230

Transit/ABA Number: 244077093 Account #: _____

Account Title _____ Social Security Number: _____

Payment Start Date _____

Type of Transaction _____ (Savings, Checking, Loan Payment)

Amount of Credit Transaction: _____

Please debit the account specified below on the on the _____ day of every month

DEBIT FROM:

Financial Institution Name: _____

Transit/ABA Number: _____

Account Title: _____

Account Number: _____

Account Type: _____

Type of Transaction _____ (Savings, Checking, Loan Payment)

Transaction Description _____

This authority is to remain in full force and effect until Pathways Financial Credit Union has received a **10-day** written notification from one of the authorized signers noted below of its termination. I acknowledge that the origination of ACH transactions from my/our account must comply with the provisions of U.S. Law. **In the event sufficient funds are not available, a non-sufficient funds fee will be assessed.***

Signature Date

Signature (Joint Owner) Date

For Accounting Use Only:
Processed by: _____ Date: _____
OFAC Scanned/No Match On: Sender: _____ Receiver: _____ Institution: _____

*Please refer to current fee schedule for current fee amount.