



**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBIT)**

I/We hereby authorize Tongass Federal Credit Union to make debit entries to my/our  checking account/  savings account (select one) indicated below at the depository financial institution named below.

**Amount:** \$ \_\_\_\_\_ .

Frequency:

ONE TIME PAYMENT

UPDATE/CHANGE EXISTING AMOUNT

Monthly:

First  
 Fifth  
 Tenth

Fifteenth  
 Twentieth  
 Twenty Fifth

Last day

Effective Date: \_\_\_\_\_

**DEPOSITORY NAME:** \_\_\_\_\_

BRANCH: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_ ZIP \_\_\_\_\_

**ROUTING NO.**

**ACCOUNT NO.**

My/Our account will remain subject to its individual terms and conditions, which are not modified by this authorization. I/We acknowledge that the origination of these transactions must comply with the provisions of U.S. law and the National Automated Clearing House Association (NACHA) rules. I/We understand that this authorization will remain in full force and effect until Tongass Federal Credit Union has received a written notice or signed REVOCATION from me (or either of us) in such time and manner to afford Tongass Federal Credit Union reasonable opportunity to act on it. **Tongass Federal Credit Union cannot make payments directly to a credit card account.**

Name(s) (Print or Type) \_\_\_\_\_

**For credit to:**

**TFCU Account No.** \_\_\_\_\_  S- \_\_\_\_\_

L- \_\_\_\_\_

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

**Date:** \_\_\_\_\_

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

**Date:** \_\_\_\_\_

Template/PPD Entered: \_\_\_\_\_ Staff \_\_\_\_\_ Date

For transactions other than debits to other institutions for purposes of making a TFCU loan payment, there are the following standard fees:

Set-up Fee, one time            \$5.00  
Per Payment Fee                \$1.00

Fees will be taken from Share Draft (Checking) unless otherwise instructed.