



Automatic Payment Authorization for Collateralized Deposits

Member/Owner: _____

Select One:

_____ Collateralized Deposits Monthly Maintenance fee: \$ 50.00
_____ Collateralized Deposits Quarterly Maintenance fee: \$150.00

Account(s) to incur fee:

_____ \$ _____

_____ \$ _____

TOTAL: \$ _____

Withdrawal Frequency: _____ Monthly _____ Quarterly*

*Debited on the last day of each quarter ending March 31, June 30, September 30, December 31

I authorize Tongass Federal Credit Union to automatically withdraw funds from my account(s), as stated above. The account(s) will continue to incur applicable fees as long as deposits are collateralized. Cancellation of this agreement will be made by mutual consent of the member and the Credit Union.

Authorized Signature Date