

Recurring ACH Authorization and Distribution Agreement

| Member Name: | | Member Number: | |
|------------------------------------------------------------|--------------------------------------------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| Email: | Phone | : | _ |
| By signing below, I hereby a | uthorize United Equity Credit | Union to originate an ACH d | ebit from: |
| Institution Name: | | | |
| Transit/ABA #: | Accou | nt Number: | |
| Circle appropriate account ty | pe Savings Che | cking | |
| TO PREVENT ERRORS PL | EASE PROVIDE A VOIDED | CHECK FROM THIS INSTIT | TUTION |
| Amount: \$ | | Beginning on: | |
| | Bi-Weekly Weekly requency choice.) | Semi-Monthly on the(If semi-monthly, fil | |
| This ACH transaction should | be distributed as follows: | | |
| Account | Loan # | Share # | Amount |
| | | | |
| | | | |
| | | | |
| | | | |
| NOTICE IS REQUIRED FOR CHAN IZING MEMBER. PLEASE BE ADV | IGES TO OR TERMINATION OF T ISED THAT THERE WILL BE A \$2 SSFUL ACH TRANSACTIONS WIL | HIS AGREEMENT, AND MUST BE \$ 5.00 RETURNED ITEM FEE FOR T | ORRECT ERRORS. THIRTY (30) DAYS SUBMITTED IN WRITING BY HE AUTHOR RANSACTIONS THAT ARE RECALLED BY UITY CREDIT UNION RESERVES THE |
| X | | | |
| Signature | | Date | |
| I (WE) REQUEST TERMINA | TION OF THIS AGREEMEN | ΙΤ | |
| X | | | |