



NIZARI
PROGRESSIVE FEDERAL
CREDIT UNION

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS
~~~ONE-TIME ACH DEBIT~~~

Company Name	NIZARI PROGRESSIVE FEDERAL CREDIT UNION
Company ID	113093881

I hereby authorize **NIZARI PROGRESSIVE FEDERAL CREDIT UNION**, hereinafter called, COMPANY, to initiate debit entries to my Checking Account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

DEPOSITORY NAME

CITY	STATE	ZIP CODE
ROUTING NUMBER	ACCOUNT NUMBER	

This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

MEMBER NAME		NIZARI ACCOUNT NUMBER	
HOME PHONE NUMBER	WORK PHONE NUMBER	CELL PHONE NUMBER	
AMOUNT TO BE DEBITED \$	DATE OF DEBIT:	<input type="checkbox"/> Loan <input type="checkbox"/> Savings	

NOTE: ALL WRITTEN DEBIT AUTHORIZATION MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

I have completed this form fully and certify that I am the authorized to furnish all the information requested. I hereby also approve that all information provided is accurate.

MEMBER SIGNATURE	TODAY'S DATE
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PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM