



P.O. Box 883  
Oak Ridge, TN 37831-0883  
[enrichmentfcu.org](http://enrichmentfcu.org)

## Authorization Agreement For Direct Payments (Debit)

I hereby authorize Enrichment Federal Credit Union, hereinafter called Enrichment F.C.U., to initiate debit entries to my depository financial institution listed 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. It is understood that my account will remain subject to its individual terms and conditions, which are not modified by this authorization. I agree to be bound by the terms and conditions set forth in Enrichment Federal Credit Union's Membership Guide.

### Enrichment Federal Credit Union Information

Member Name: \_\_\_\_\_ Account Number: \_\_\_\_\_ Loan Suffix: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

☐ New

☐ Cancel

### Depository Information

Financial Institution Name: \_\_\_\_\_ Branch: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ ABA/Routing Number: \_\_\_\_\_

Account Number to be Debited: \_\_\_\_\_ ☐ Checking ☐ Savings

Debit Amount: \_\_\_\_\_ Debit Frequency: \_\_\_\_\_ Debit Start Date: \_\_\_\_\_

I understand this authorization will remain in full force and effect until the loan is paid in full or Enrichment Federal Credit Union has received written notification from me of its termination in such time and manner as to afford Enrichment F.C.U. and Depository a reasonable opportunity to act on it. The Credit Union may terminate any transfers due to lack of sufficient funds or other inappropriate activity. Each transaction will only be processed once. If the transaction is returned unpaid, the member is responsible for making the payment. I understand that if this transaction is returned to Enrichment F.C.U. unpaid, a \$30 return fee will be charged.

Member Name (please print or type): \_\_\_\_\_ Date: \_\_\_\_\_

Signature(s): \_\_\_\_\_

Employee Name and Teller Number: \_\_\_\_\_

Termination of Agreement Effective Date: \_\_\_\_\_ Signed: \_\_\_\_\_