

**AUTHORIZATION FOR DIRECT PAYMENT VIA ACH  
(ACH CREDITS)**

I (we) hereby authorize Census Federal Credit Union to electronically credit my (our) account (and, if necessary, electronically debit my (our) account to correct erroneous credits) as follows:

\_\_\_\_\_ Checking Account / \_\_\_\_\_ Savings Account (select one) at the depository financial institution named below (“DEPOSITORY”). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Depository Name \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Name(s) on the Account \_\_\_\_\_

Amount of credit(s) or method of determining amount of credit(s) \_\_\_\_\_

Date(s) and/or frequency of credit(s) \_\_\_\_\_

I (we) understand that this authorization will remain in full force and effect until I (we) notify Census Federal Credit Union by **written notification** that I (we) wish to revoke this authorization. **I (we) understand that Census Federal Credit Union requires at least 2 weeks prior notice in order to cancel this authorization. A \$30.00 service fee will be assessed for a returned item.**

Name (s) \_\_\_\_\_ Social Security Number \_\_\_\_\_  
(Please Print)

Account # \_\_\_\_\_ Suffix \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

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

**PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM.**