

Authorization for Automatic Debits

I/we authorize Cabrillo Credit Union (the "Credit Union") to initiate debit entries to my/our account at the depository identified below for the purpose of accomplishing the following preauthorized payments:

Account Holder Name:	
Frequency:	☐ Monthly □ Bi-Weekly
Amount:	\$
Account Number & Share ID:	Checking Account: Savings Account:
Effective Date: (Date of fist withdrawal)	
Receiving Account Holder Name:	
Receiving Account Number & Share ID:	
Purpose for Withdrawal:	Re-occurring Charitable Donation

I/we warrant that I am/we are the owner(s) of this account or that I/we have sufficient authority to withdraw funds from this account. I/we further warrant that there are and will continue to be sufficient funds in the account to cover the amount of our request, and understand that should the debit be returned unpaid for any reason, I/we will immediately reimburse Cabrillo Credit Union for the full amount of the transfer. I/we acknowledge that the organization of this/these transactions must comply with the provisions of the U.S. and California law and the rules and guidelines established by the National Automated Clearing House Association (NACHA). I/we understand that this authorization will remain in full force and effect until Cabrillo Credit Union has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Credit Union a reasonable opportunity to act on it. I/we further understand at any time for any reason I/we or the Credit Union may voluntarily terminate ACH payments if funds in the account are insufficient to cover any payment due on the loan, Credit Union shall not be obligated to advance funds to cover the payment.

Member Name (Print)

Date:

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(Signature)