



Authorization Agreement for Pre-authorized Payments (Incoming)

Routing Transit Number 121181743

May be returned by fax to (925) 609-5159
Please provide a legible copy of current driver's license

Name Credit Union Account Number/Suffix

Account Type Amount Start Date
Select frequency: Monthly Semi-monthly (twice a month)
Bi-weekly (every other week) Other

I hereby authorize Pacific Service Credit Union to initiate a deduction in the above amount and frequency from my account at the financial institution named below and to credit my Credit Union account as indicated above. If the funds are being applied to a loan, should the payment amount change, I authorize the Credit Union to adjust the amount of the debit to reflect the loan's current loan payment. I understand I will be notified in writing if the debit amount needs to be adjusted, either to be increased or decreased. If the date of credit falls on a weekend or holiday, I understand that the debit will occur on the business day prior to the weekend or holiday. I also understand that I have the right to stop the pre-authorized payment by notifying my financial institution in writing three days prior to the time my account is charged. I also authorize adjustment entries in the event of erroneous transactions on my account. The adjustment will not be greater than the original transaction amount. If a request is initially returned as "NSF" by the financial institution listed below, I understand that the Credit Union will put the request through one more time, for a total of two attempts per month, if needed. I hereby acknowledge that I have received, read and agree with the terms and conditions of Pacific Service Credit Union's Truth-in-Savings and Account Agreement and Electronic Funds Agreement and Disclosure. I understand the Credit Union reserves the right to revoke this agreement. I acknowledge that the origination of ACH transactions to my account must comply with provisions of U.S. law.

This authorization is to remain in full force and effect until Pacific Service Credit Union has received written notification from me of its termination and has a reasonable opportunity to act on it.

Signature Date

Financial Institution Name Nine-Digit Routing Transit Number Account Number
Name(s) on Account Account Type: Checking Savings
Street Address City State Zip Code

Attach a voided check here
Voided check must bear the same name as your Pacific Service CU account. Voided check must be pre-printed; deposits slips will not be accepted. For savings accounts provide a statement from your financial institution showing the account owner(s) or a letter from your financial institution on their letterhead indicating that you are an authorized signor on the account.