

ACH ORIGATION AUTHORIZATION AGREEMENT

I (we) hereby authorize Pyramid Credit Union to instruct my financial institution to initiate electronic entries to/from my account on the dates due from the account listed below. The authority remains in effect until Pyramid Credit Union has received written notification from me of termination in time to allow reasonable opportunity to act on it, or until Pyramid Credit Union has sent me written notice of termination of this agreement. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Contact Information

Member Name: _____

Phone Number(s): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Destination Account (Pyramid Account and Suffix): _____ Suffix: _____

Amount of Authorization: \$ _____

Beginning Date: _____ Frequency: _____

Required Financial Institution Information

Name of Financial Institution: _____

Account Holder Name: _____

Account Type (select one): Checking _____ Savings _____

Account Number: _____

Transit Routing Number: _____

(See the lower-left corner of your check or call your Financial Institution)

Member Signature: _____ Date _____

Credit Union Use

Teller ID: _____ Entered to APEX: _____

Schedule ID: _____ Operations ID: _____

Template ID: _____ Approval ID: _____