

PREAUTHORIZED DEBIT AUTHORIZATION

Account Owner:

Financial Institution: Community Credit Union

20 First Street North

New Rockford ND, 58356

PAYEE INFORMATION

Account Number with Payee:

Payee Name: _____

Address: _____

City, State Zip: _____

PAYOR INFORMATION

Payor Name:

Address: _____

City, State Zip: _____

Phone: _____

INSTRUCTIONS

Frequency: _____

First Transfer Date: _____

Account to Debit

Account Type: _____ Account Number: _____ Amount: _____

AGREEMENT

I/We hereby authorize you to make the transfer(s) indicated above until further notice from me/us. If this agreement changes any prior authorization between you and me/us, the prior authorization is hereby cancelled, and I/we instruct you to follow this authorization. I/We acknowledge that I/we have received an Electronic Funds Transfer Disclosure Statement which describes your and my/our rights and responsibilities concerning the above transfer(s), and that it is incorporated by reference into this authorization agreement. I/We further acknowledge can call you to find out whether or not the transfer has been made. I/We understand that it is my/our responsibility to have sufficient funds available in my/our account on the transfer date(s) in order for you to make the automatic payment(s). I/We acknowledge that if sufficient funds are not available in my/ our account to cover the amount of the transfer(s), the automatic payment(s) may not be made. I/We further acknowledge that the Financial Institution will not be liable for any charges, including but not limited to, any charges related to items returned because of insufficient funds, or for any late charges or additional dividends if this authorization is for automatic loan payment(s).

This agreement is dated _____.

Account Owner:

X _____
Authorized Signer

X _____
Authorized Signer