



EFT Debit Authorization Agreement

COMPANY NAME: Zeal Credit Union COMPANY ID NUMBER: 272477694

I (we) hereby authorize ZEAL CREDIT UNION to initiate debit entries to the financial institution listed below, hereinafter known as DEPOSITORY. If debit entries are made in error, I (we) authorize ZEAL CREDIT UNION and/or the DEPOSITORY to credit and/or debit my (our) account to correct the error.

\*\* Note: If the start date listed below falls on a weekend or federal holiday, the debit will occur on the following business date.

Please attach a voided check to this form if debiting from a checking account.

DEPOSITORY NAME: BRANCH:

CITY: STATE: ZIP:

TRANSIT/ABA#: ACCOUNT #: SAVINGS [ ] CHECKING [ ]

START DATE: MONTH: DAY: YEAR: Note: The start date must be at least 10 business days AFTER the current date.

FINAL DATE\*: MONTH: DAY: YEAR:

FREQUENCY OF DEBIT: M - Monthly AMOUNT\*\*:

\*\* The transaction amount must be a minimum of \$5.00 or a maximum of \$2,000.00. The transaction must be recurring for at least six (6) payments.

This authorization is to remain in full force and effect until Zeal Credit Union has received written notification from me (or either of us) to cancel. I (We) agree to provide such written request to cancel at least 10 business days prior to the next scheduled transaction, as to afford Zeal Credit Union and DEPOSITORY a reasonable opportunity to act on it. Furthermore, Zeal Credit Union reserves the right to cancel this authorization due to two or more non-sufficient fund (NSF), uncollected fund, or stop payment transactions during this authorization period.

If at any time the debit transfer creates a NSF situation it is the responsibility of the person(s) named on this authorization agreement to make alternative arrangements for payment or deposit of funds. The debit transfer will continue as scheduled the following month.

The following may apply to EFT loan payments: (1) if at any time an overpayment has been applied to a loan, the overpayment will be deposited to the regular savings account, (2) the EFT payment will be cancelled at the time the loan is paid in full and (3) if a loan has a deferred payment arrangement (skip payments), the EFT payment will continue to originate regardless of the skip payment arrangement.

By signing this agreement, I (we) certify that I (we) am (are) in good standing with Zeal Credit Union. I (We) also certify that I (we) am (are) not more than thirty (30) days past due on any loan(s) and have not had more than six (6) NSF situations in the last twelve (12) months. I (we) agree that ACH transactions comply with all applicable law.

I (we) hereby authorize you (Zeal Credit Union) to credit my account with Zeal Credit Union for this transfer.

MEMBER NAME(S): (1) (2)

ACCOUNT #: AMOUNT: ACCOUNT TYPE: [ ] SAVINGS [ ] CHECKING [ ] LOAN

SIGNED (1): DATE: March 30, 2015

SIGNED (2): DATE: March 30, 2015

Initial here to acknowledge that you have received a copy of this form:

Table with 2 columns: EMP NAME, DATE and FOR OPERATIONS USE ONLY, INITIALS, DATE

Complete and Submit to Operations