☐ New   ☐ Information Update Only

PIKES PEAK CREDIT UNION
AUTOMATIC PAYMENT / DEPOSIT AUTHORIZATION

I (we) hereby authorize Pikes Peak Credit Union, hereinafter called CREDIT UNION, to initiate credit / debit (*circle one*) entries and to initiate, if necessary, needed correcting entries (for any entries made in error) to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION. I (we) acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

INFORMATION ABOUT YOUR OTHER FINANCIAL INSTITUTION ACCOUNT:

FINANCIAL INSTITUTION NAME: _____

FINANCIAL INSTITUTION ADDRESS: _____

FINANCIAL INSTITUTION CITY/STATE/ZIP: _____

ROUTING NUMBER: _____ ACCOUNT NUMBER _____

ACCOUNT TYPE: CHECKING / SAVINGS (please circle one)

****PLEASE ATTACH A VOIDED CHECK FOR CHECKING ACCOUNTS OR
DEPOSIT SLIP FOR SAVINGS ACCOUNTS.****

PAYMENT INFORMATION:

APPLY TO PIKES PEAK CU ACCOUNT & LOAN NUMBER: _____

RECURRING PAYMENT DATE (Example: 10th of each month): _____

RECURRING MONTHLY PAYMENT AMOUNT: _____

This authorization is to remain in full force and effect until CREDIT UNION has received written notification from me of its termination in such time and manner as to afford CREDIT UNION and FINANCIAL INSTITUTION a reasonable opportunity to act on it. This authorization may be unilaterally terminated by the CREDIT UNION in cases of excessive returns or member abuse, or whenever any loans have been paid in full with recurring debits.

MEMBER NAME: _____

SIGNATURE: _____ DATE: _____

PHONE: _____

A $30.00 FEE WILL APPLY FOR ANY RETURNED PAYMENTS.

**IF THIS AUTHORIZATION IS FOR RECURRING LOAN PAYMENTS, THE CREDIT
UNION MUST BE NOTIFIED WHEN THE LOAN IS PAID OFF. FAILING TO DO SO COULD
RESULT IN UNWANTED CONTINUED PAYMENTS.**