

3000 N. University Drive
Sunrise, FL 33322
www.priorityonefl.org
Phone: (954) 335-5100
Toll Free: (877) 635-3333
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AUTHORIZATION AGREEMENT For Electronic Funds Transfers



Company ID Number: 267078286

I (we) hereby authorize PriorityONE Credit Union, hereinafter called PriorityONE, to initiate debit entries to my (our) Checking Account ____ or Savings Account ____ (select one) indicated at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name: _____ Branch: _____
City _____ State _____ Zip _____
Routing Number _____ Account Number _____
Deduct: \$ _____ Start Date _____
 Monthly Semi-Monthly (1st & 15th) Bi-Weekly Other _____
Distribute funds to PriorityONE Loan #: _____

Please attach a voided check with signed Authorization

This authorization is to remain in full force and effect until PriorityONE has received written notification from me (or either of us) of its termination in such time, and in such manner as to afford PriorityONE and DEPOSITORY a reasonable opportunity to act on it; or upon fulfillment of this obligation.

Name: _____ Account Number: _____
Signature: _____ Date: _____

CREDIT UNION USE:		
Loan file maintenance completed	_____	_____
	Employee Sign	Date
ACH payment set up	_____	_____
	Employee Sign	Date

Forward completed form to Accounting for processing via Interoffice Mail.
For urgent requests send via fax to (954) 572-3119; original form must still be sent via Interoffice Mail.