



ACH Authorization Agreement

I (we) hereby authorize CU Audit and Compliance Group (CUACG) to initiate credit or debit entries under certain agreements/contracts between CUACG and the entity name below, and to initiate, if necessary, adjustments for any debit or credit entities in error to our account indicated below. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

This authorization will remain in effect until CUACG has received written notification of its change or termination from an authorized signer of the entity name below. I (we) understand that CUACG requires at least five (5) business days prior notice to cancel this authorization.

Your Financial Institution Information

Financial Institution Name: _____

Routing #: _____

Type of Account: Checking Account Number: _____

 Savings Account Number: _____

 GL Account Number: _____

Your Entity/Organization Information

Entity Name: _____

Contact Individuals: _____

Email Addresses: _____

Phone Numbers: _____

Authorized Signer Signature

Date