

AUTHORIZATION FOR AUTOMATIC PAYMENT

Complete this authorization to have automatic payments made from your Community Powered Federal Credit Union account. Print one authorization for each company that you make automatic payments from your account.

Date

Name of Company that You Make Automatic Payments To

Address

City

State

Zip

Financial Institution Name:

**Community Powered Federal Credit Union
P.O. Box 7739
Newark, DE 19714-7739**

231177016
Routing & Transit Number

Account Number

Account Type: Savings Checking

Vendor Name

Vendor Account Number
\$ _____
Payment Amount

I (we) authorize _____ (Vendor Name) to initiate variable entries to my checking/savings.

This authorization will remain in effect until I notify _____ (Vendor Name) in writing to cancel it in such time as to afford _____ (Vendor Name) a reasonable opportunity to act.

I also agree that I remain obligated to pay for these services in the event that a charge to my account is dishonored, for whatever reason, and that _____ (Vendor Name) retains its normal collection rights.

If you have any questions about this request, please contact me during the day evening at (_____) ____ _____
Phone Number

Thank You.

Sincerely,

_____ Signature	_____ Name	_____ Date
_____ Joint Account Signature	_____ Name	_____ Date

Please complete this form, print, sign, and return to the appropriate institution.

