



AUTHORIZATION AGREEMENT
AUTOMATIC FUNDS TRANSFER PLAN (ACH)

I (we) hereby authorize CrossPoint Federal Credit Union to initiate debit/credit entries to my (our) account(s) as indicated below and the financial institution name below, to debit/credit the same to such account. I (we) agree to have available funds in my (our) account on the designated date to effect the transfer. I (we) agree to pay any applicable fees for this service as disclosed in the Fee Schedule. This authority will remain in effect until I (or either of us) notify you or the financial institution in writing at least one week prior to the next settlement date. I (we) acknowledge that the origination of the ACH transactions to my (our) account must comply with the provisions of U.S. Law.

(Financial Institution Name) (Account Holder's Name)

(Financial Institution Street Address/City/State/Zip)

Type of Account: Checking Savings Other (Must Define)

(Routing Number) (Account Number)

Type of Transaction: Debit Credit Loan Amount: \$

Frequency of Transaction: (check corresponding box below) (Date/Day of Transfer)

- Monthly: One-Time:
Bi-Monthly: Bi-Weekly:
Weekly: Other (Must Define):

CrossPoint Federal Credit Union will make every effort to complete this transfer unless circumstances beyond our control prevent the transfer, despite reasonable precautions that we have taken. All terms and conditions of your Account Agreement apply to this Authorization Agreement.

(Account Number at CrossPoint FCU) Type of Account: Debit Credit x Loan*
*Loan Type *Suffix

(Member Name) (Signature)

(Crosspoint FCU Member Number) (Date)

(Member Name - if applicable) (Signature - if applicable)

(Crosspoint FCU Member Number) (Date)

CREDIT UNION USE ONLY: Employee: Date: