



Reoccurring ACH Payment Authorization

You authorize regularly schedules charges to your checking/savings account. You will be charged the amount indicated below each billing period. A receipt for each payment will be provided to you and the charge will appear on your bank statements as an "ACH Debit". You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

I _____ authorize _____ to charge my bank account
(Full Name) (Merchants Name)

indicated below for \$ _____ on the _____ of each _____.
(Dollar Amount) (Day) (Week, Month, etc.)

This payment is for _____.
(Description of Goods/Services)

Billing Information

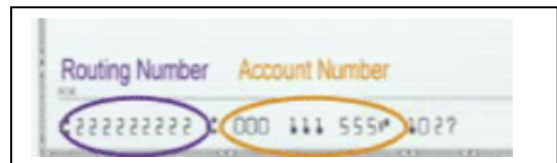
Billing Address: _____ Phone#: _____

City, State, Zip code: _____ Email: _____

Bank Details

Form with checkboxes for Checking and Savings

Account Name: _____
Bank Name: _____
Account Number: _____
Routing Number: _____



I hereby authorize Foothill Federal Credit Union to transfer funds, as listed above, between my account at FFCU and my account at another financial institution, and if necessary to make adjustments for any errors. FFCU will be responsible for the transfer of funds in accordance with this authorization. Once the transfer is made to another financial institution, FFCU will have no further responsibility or liability for the deposit of such funds. I acknowledge that the origination of ACH transactions to/from my account must comply with the provisions of U.S. law.

This authorization will remain in effect until FFCU has received written notification from me to change or cancel this authorization in such time and manner as to afford FFCU a reasonable opportunity to act on it. I understand FFCU reserves the right to cancel this agreement if funds are not available in my account for three consecutive months, with written notification to me. My signature below acknowledges that I have received a disclosure and agreement regarding the terms and conditions governing Credit Union electronic services.

Member Signature: _____ Date: _____