



Electronic Funds Transfer / Automatic Payment or Deposit Authorization

I hereby authorize **Chevron West Credit Union**, hereinafter called **Credit Union**, to initiate credit or debit entries to my/our account indicated below and the financial institution named below, hereinafter called **Financial Institution**. I/we acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

TO / FROM (circle one) my:

Chevron West CU Account Number _____

Name _____

2nd Name (if applicable) _____

Address _____

_____ City _____ State _____ Zip _____

Account Type: **Checking** **Savings** **Loan** (circle one)

TO / FROM (circle one) **Financial Institution Information:**

Financial Institution _____

Routing Number _____ Account # _____

Account Type: **Checking** **Savings** **Loan** (circle one)

Payment Information

Starting date: ____/____/____

Frequency (i.e. once, monthly, etc) _____ **Day(s)** _____ (i.e. 1st, 15th end of mo)

Fixed or **Variable** (as requested) (circle one) Dollar Amount \$ _____

This authorization is to remain in full force and effect until **Credit Union** has received written notification from me of it's termination in such time and manner as to afford **Credit Union** and **Financial Institution** a reasonable opportunity to act upon it. A reasonable processing fee may be charged by the **Credit Union** for exception processing.

Print Individual Name _____

Signature _____ Date _____

2nd Name (if applicable) _____

2nd Signature (if applicable) _____ Date _____