



Authorization Form for Direct Payment (ACH Debit)

I hereby authorize AMERICO Federal Credit Union to initiate an automatic debit to my account at the financial institution named below.

Further, I agree not to hold AMERICO Federal Credit Union responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution. I also understand that if the authorized debit is returned to AMERICO Federal Credit Union for any reason, the applicable NSF fee will be assessed against my AMERICO Federal Credit Union account in accordance with the fee schedule in effect at that time.

Recurring entries will remain in effect until AMERICO Federal Credit Union receives a written notice of cancellation from me or my financial institution.

Financial Institution Information

Financial Institution: _____
Routing #: _____
Account #: _____ Checking Savings
Transfer Amount: _____
Date of Transaction: _____ One-time Recurring
Day of month for recurring Transactions: _____

AMERICO Federal Credit Union Account Information

Member Name: _____ Checking
Account #: _____
Loan #: _____ Savings

Signature

Authorized Signature: _____ Date: _____

For Cancellation of an ACH Origination:

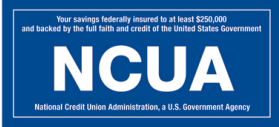
I, _____, wish to cancel the above ACH origination authorization as of _____. I understand that this cancellation notice must be given at least 5 days prior to the scheduled transaction date.

Authorized Signature: _____ Date: _____

For Office Use Only:

Initiated By: _____ Date: _____
Verified By: _____ Date: _____

4101 Main Street
Erie, PA 16511
Phone: (814) 899-6608
Fax: (814) 899-6005



2545 West 23rd Street
Erie, PA 16506
Phone: (814) 833-0433
Fax: (814) 833-7299