



Paradise Valley
Federal Credit Union

Authorization to ACH/Recurring Payment

In consideration of the products and/or services provided to me by Paradise Valley Federal Credit Union, as listed above, I hereby authorize Paradise Valley Federal Credit Union to initiate a debit entry from my checking account at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account in the amount listed. I acknowledge that the origination of ACH transaction to my account must comply with the provisions of United States laws.

This authorization is to remain in full force and effect for this transaction only, or until such time that my indebtedness to Paradise Valley Federal Credit Union is fully satisfied. The specific debit from my account, authorized herein may only post on or after the EFFECTIVE DATE shown and in no event may the debit transaction post to my account prior to said date.

I understand that I may revoke this authorization by contacting Paradise Valley Federal Credit Union in writing at the address listed or by faxing (619) 475-0998 or (619) 352-3001. Please allow 24 to 48 hours for your request to be processed.

Depository Financial Institution Name: _____

Account Number: _____

Routing Number: _____

Effective Date: _____

Amount: \$ _____

Contact Phone Number: _____

Paradise Valley FCU Loan Account: _____

Please provide a void check from your financial institution.

Member Name: _____

Member Signature: _____

Visit our website at www.paradisevalleyfcu.com to sign up for *eBranch* and monitor your loan or *eStatements* to receive your paperless statements online.