AUTHORIZATION AGREEMENT
DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize GECU, hereinafter called COMPANY, to debit entries to my (our) account indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, to debit same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

FINANCIAL INSTITUTION

(Financial Institution Name)

(Address) (City-State) Tx (Zip)

DONOR ACCOUNT

☐ Checking ☐ Savings (Account Type)	(Routing/Transit Number)	(Account Number)
Recurring Amount: $ Final Amount: $		

RECIPIENT ACCOUNT

☐ Checking ☐ Savings ☐ Loan ☐ CD (Account Type)	(Account Number)

SELECT A SCHEDULE

Select One Recurrence Pattern

Daily: ☐	Recur Every: days (1-31)
Weekly: ☐	Recur Every: weeks on Choose One Monday (1-5) (Monday, Tuesday, etc)
Semi-Monthly: ☐	day and day of every month. (1-15) (16-31)
Monthly: ☐	Day of every month(s). (1-31) ("Day" or "Monday") (1-12)
Yearly: ☐	Day of January (1-31) ("Day" or "Monday") (January, February, etc)

Range +/- Days

☐ * I (we) wish to have recurring transactions that fall on non-banking days to be processed on the closest banking day **BEFORE** the scheduled date.

DURATION

Starting: Date:

Ending: Date: **or** After Occurrences

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it. This Agreement shall be governed by the laws of the State of Texas and the rules of the National Automated Clearing House Association.

(Print Individual Name)

(Signature (Date)

For Office Use Only
Issued Tracking Number: _____

Revision Date: 9/17/2010