AUTOMATIC PAYMENT/DEPOSIT AUTHORIZATION

I hereby authorize LOGAN CACHE RICH FEDERAL CREDIT UNION to initiate credit, and/or debit entries to my (our) account indicated below and the financial institution named below. I (we) acknowledge that the origination of ACH transactions to my account must comply with the provisions of US law.

FINANCIAL INSTITUTION INFORMATION:

BANK NAME:＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

ADDRESS:＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

CITY/STATE/ZIP:＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

ROUTING NUMBER:＿＿＿＿＿＿＿＿＿＿＿ACCT NUMBER＿＿＿＿＿＿＿＿＿＿

ACCOUNT TYPE: CHECKING   SAVINGS   LOAN   (CIRCLE ONE)

PAYMENT INFORMATION:

STARTING DATE AND FREQUENCY:＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

FIXED DOLLAR AMOUNT＿＿＿＿＿＿＿＿OR   VARIABLE AS REQUESTED

APPLY TO CREDIT UNION ACCOUNT NUMBER:＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

This authorization is to remain in full force and effect until LCRCU has received written notification from me of its termination in such time and manner as to afford LCRCU and Financial Institution a reasonable opportunity to act on it. This authorization may be unilaterally terminated by LCRCU in cases of excessive returns or member abuse, or whenever any loans have been paid in full with recurring debits.

PRINT INDIVIDUAL NAME:＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

PRINT INDIVIDUAL ID NUMBER:＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

SIGNATURE:＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

*****************Please attach a voided check to this form.**********************