



STREATOR ONIZED CREDIT UNION

ACH DEBIT FORM

Required Fields to be completed:

- Routing Number of Financial Institution
- Account Number of Financial Institution
- Signed form by Account Holder
- Dollar Amount & Frequency

I (we) hereby authorize **Streator Onized Credit Union** herein after called **COMPANY**, to initiate debit entries to my (our) checking savings account indicated below and the depository financial institution named below, hereinafter called **DEPOSITORY**, to debit the same to such account. I (we) acknowledge that the originations of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

Starting Date _____ Frequency _____ Dollar Amount _____

SOCU Account Number _____ Share Suffix(s) _____

Depository Name _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

This authorization 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 in such manner as to afford COMPANY and DEPOSITRY responsible opportunity to act on it.

Streator Onized Credit Union may revoke this authorization at any time because of Non-sufficient Funds. The member may revoke this authorization at any time with three business days' notice.

Signature _____ Printed Name _____

CREDIT UNION USE ONLY

Loan Officer _____

Entered by: _____ Approved by: _____