



## ACH Debit Authorization Agreement

(we) hereby authorize The Cooperative Finance Association, Inc. (CFA) to initiate debit entries and initiate, if necessary, credit entries and adjustments for any debit entries in error to our Financial Institution (FI), information for which is shown below and the depository name below as verified by check marked VOID or letter from depository on bank letterhead and attached hereto.

Further, I (we) agree to not hold CFA responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me (us) or my (our) FI or due to an error on the part of my (our) FI in depositing funds to CFA.

### Customer Information

Customer Name:		CIF Number:	
Address:		State:	Zip:
Customer E-mail:	Phone Number:	Confirmation E-mail*	

\* Recipient will receive email notification of the ACH debit transaction

### Financial Institution Information

Depository Name (Bank):	Savings or Checking Account:	
City:	State:	Zip:
ABA Routing Number:	Account Number:	

Diagram of a check with fields labeled: Your Name, Your Address, DATE, PAY TO THE ORDER OF, \$, DOLLARS, Your Bank Name, MEMO, MICR line (123456789, 0000987654321, 1001). Below the MICR line, labels indicate: 9 Digit Routing Number, Your Account Number, Check Number.

This Agreement is to continuously remain in full force until terminated. Either party may terminate the Agreement for any reason or no reason at all at any time. If I (we) are the terminating party, the notice of such termination must be provided in writing or by email to [loanaccounting@cfafs.com](mailto:loanaccounting@cfafs.com). Notice of termination by me (us) will be in such time and in such manner as to afford CFA and the FI a reasonable opportunity to act on it. If CFA is the terminating party, the notice of such termination must be provided in writing at either the postal or email address shown above.

### Authorization

Printed Name:	Title
ABA Routing Number	Account Number:



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### CFA Use Only

CFA Officer:	Date and Time of Confirmation:
Officer Signature:	Method of Verification: