AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS

(RECURRING ACH DEBITS)

Company Name: **FIRST FINANCIAL CREDIT UNION**   Company ID Number: **36-1855525**

I/we hereby authorize First Financial Credit Union, hereinafter called FFCU, to initiate recurring debit entries to transfer funds from my/our □ **Checking Account /** □ **Savings Account** (select one) indicated below at the Depository named below, hereinafter called depository, to debit the same to such account. I/we hereby authorize Depository to accept and post these debit entries to my/our specified account.

I/we understand a $32.00 fee per rejected entry will be assessed to my/our account at FFCU and a reversal entry may be initiated, if necessary.

From Your Depository Account:
(Please submit copy of voided check or deposit slip with form)

Depository Name _____

City _____ State_____ Zip _____

Routing Number _____ Account Number__ _____

Debit Date _____
(Debits will post on the last business day prior to the debit Date in cases where the debit date falls on a non-business day)

Debit Amount _____ Effective Date _____

Frequency   □ Monthly   □ Weekly   □BiWeekly

Day of Week (applicable for Weekly and Biweekly Credits) _____

To Your First Financial Credit Union Account:

Your SSN _____Member Number (please include 3 digit suffix) _____

This authorization is to remain in full force and effect until FIRST FINANCIAL CREDIT UNION has received written notification from me/or either of us of its termination in such time and in such manner as to afford FFCU and DEPOSITORY a reasonable opportunity to act upon it.

Name_____ Signature _____

Date _____ Phone _____