

WILLIS CREDIT UNION

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS

I (we) hereby authorize Willis Credit Union to initiate debit entries to my (our) checking account indicated below at the depository name below, hereinafter called DEPOSITORY, to debit the same to such account.

DEPOSITORY NAME _____

BRANCH _____

CITY _____

STATE _____

ZIP _____

ROUTING NUMBER _____

ACCOUNT NUMBER _____

This authorization is to remain in full force and effect until Willis Credit Union has received written notification from me (or either of us) of its termination in such time and such manner as to afford Willis Credit Union and Depository a reasonable opportunity to act on it.

NAME(S) _____

PRINT PLEASE

ID# _____

DATE _____

SIGNATURE _____

DATE TO DRAFT ACCOUNT _____

AMOUNT \$ _____

Please send voided check copy.

Note: Debit authorization must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.