



Your Money. Your Community.

DIRECT DEPOSIT AUTHORIZATION (ACH CREDITS)

I hereby authorize _____, to initiate credit entries to my account indicated below and the ATHOL CREDIT UNION, 513 Main Street, Athol, MA 01331 to credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

211380344		TYPE OF ACCOUNT:	
ACU ROUTING NUMBER	ACCOUNT NUMBER	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	AMOUNT

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ACU ROUTING NUMBER	ACCOUNT NUMBER	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	AMOUNT

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ACU ROUTING NUMBER	ACCOUNT NUMBER	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	AMOUNT

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ROUTING NUMBER	ACCOUNT NUMBER	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	AMOUNT

This authority 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 manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

PRINT NAME

SOCIAL SECURITY NUMBER

SIGNATURE

DATE

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM!