

I/we	hereb	v authorize Sec	ction 705 Feder	al Credit Union to
initiate DEBIT entries to m	v/our account inc	licated below a	nd the financia	l institution named
below and to DEBIT the sa				
ACH transactions to my/				
	our account mus	t comply with	the provisions	01 U.S. law.
Debiting instructions:				
		_		
(Financial Institution Name	e)			
(Routing Number)	(Account N	lumber)		
Type of accountChe	ckingSavi	ngsLoar	l	
(If debiting your checking	g account on a re	ecurring basis	attach a voide	d check.)
Amount \$,
Frequency:One time o	nly Monthly	Weekly	Bi-weekly	Semi-monthly
riequencyone time o	my womany .		_ D1 Weekly	Semi monuny
This authority is to remain	in full force and	affect until Sec	tion 705 Feders	l Cradit Union has
•				
received written notification		,		
as to afford Section 705 Fe		•		
opportunity to act on it. If		el this authoriza	tion it must be	done in a timely
manner in order for it to be	stopped.			
Please CREDIT the follow	ving Section 705	Federal Credit	Union accoun	t when receiving the
debit from my other finance	cial institution:			
Account Number	Type	Checking _	Savings	Loan # VISA
	, ,			
Signature.				
Signature:				-
Print Individual Name				_
Date Signed:				
I wo	uld like to cance	the above AC	H Origination	as of .
Signature			_	
	<u> </u>			
********	******	*****	*****	*******
Credit Union Use Only				
Employee receiving reques	1	Dotor	т:	mar
Employee receiving reques	,ι	บลเธ	11	IIIC