

## **Instructions**

### **Debit Authorization Form**

Complete this form to authorize the credit union to automatically debit your account at another financial institution for your loan payment.

Be sure to print clearly to ensure accuracy by credit union employees. After completing the form print it out, sign it and fax to 904-398-5259. A separate form is needed for each loan a debit is being requested.

Please call 800-749-3228 if you have any questions regarding the form.

**Debit Authorization**

I (we) hereby authorize Florida Baptist Credit Union, hereinafter called Company, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called Financial Institution, to debit the same to such account for \$ \_\_\_\_\_ for \_\_\_\_\_. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U. S. law.

\_\_\_\_\_  
(Financial Institution Name) (Branch)

\_\_\_\_\_  
(Address) (City & State) (Zip)

\_\_\_\_\_  
(Routing Number) (Account Number) Type of Acct:  Checking  Savings

**Complete the Appropriate Selection Below:**

This authority is for a one-time only payment with an effective date of \_\_\_\_\_.

OR

This authority is to remain in full force and effect with a starting date of \_\_\_\_\_ 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Individual Name

\_\_\_\_\_  
Print Individual Name

\_\_\_\_\_  
Florida Baptist C U Account Number

\_\_\_\_\_  
Date

**\*\*\*\*PLEASE INCLUDE A COPY OF VOIDED CHECK WITH THIS FORM\*\*\*\***