



**AUTHORIZATION AGREEMENT
FOR DIRECT PAYMENT**

Company Name: Sandia Area Federal Credit Union

Company ID/Routing No: 307070047

I (we) hereby authorize Sandia Area Federal Credit Union, to initiate debit entries to my (our) account (and if necessary, electronically credit my (our) account to correct erroneous debits) as follows:

(select one) Checking Account Savings Account at the depository financial institution named below, ("DEPOSITORY"). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Monthly Bi-Weekly One-Time* Other: _____

Depository Name: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

Date of First Debit Entry: _____ Amount: _____

Sandia Area Federal Credit Union Account Number: _____

I (we) understand that this authorization will remain in full force and effect until I (we) notify Sandia Area Federal Credit Union in writing at PO Box 18044, Albuquerque, NM 87185 that I (we) wish to revoke this authorization. I (we) understand that Sandia Area Federal Credit union requires at least three (3) business days prior notice in order to cancel this authorization.

Name(s): _____ Social Security No: _____

Date

Signature**

Please attach a voided copy of a deposit slip or voided check.

*Please note that there is a \$15.00 convenience fee associated with a One-Time payment deduction. This fee must be paid separately from your payment deduction.

**Your written authorization for a One-Time Payment Deduction Entry establishes a relationship between Sandia Area Federal Credit Union and yourself for this particular type of payment activity. If at a future date you would like to make another One-Time Payment Deduction, from the same DEPOSITORY and for the same dollar amount listed above, Sandia Area Federal Credit Union may use this written authorization, in addition to a verbal consent to authorize the future entries.