



ACH debit authorization

I (we) hereby authorize KEMBA Indianapolis Credit Union, hereinafter called COMPANY, to initiate debit entries from my (our) account number at the financial institution, hereinafter called FINANCIAL INSTITUTION, as indicated as follows:

Name on Account		Financial Institution Name	
Address, City, State, Zip			
Routing Number	Account Number	Savings or Checking?	
Amount	Effective Date	Frequency (weekly, bi-weekly, monthly, semi-monthly)	

Please credit to the following account(s) at KEMBA Credit Union.			
Account Sfx/Loan		Account Sfx/Loan	
Account Sfx/Loan		Account Sfx/Loan	
Account Sfx/Loan		Account Sfx/Loan	

This authority is to remain in full force and effect until COMPANY has 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.

_____	_____	_____
Printed Account Holder Name	Account Holder Signature	Date
_____	_____	_____
Printed Account Holder Name	Account Holder Signature	Date

Please attach a voided check or deposit slip here

Credit Union Use Only	Processed by: _____	Date _____
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