

SOUTH SHOP FEDERAL CREDIT UNION NO.2682  
3300 W. 127<sup>TH</sup>. STREET BLUE ISLAND, IL. 60406  
PHONE (708) 925-9500  
FAX (773) 873-8334

**AUTHORIZATION AGREEMENT FOR  
AUTOMATED CLEARING HOUSE (ACH) DEBITS**

**NAME** \_\_\_\_\_ **ACCOUNT#** \_\_\_\_\_

I hereby authorize the South Shop F.C.U. (formerly CTASS&U), hereinafter called the ACH Originator, to initiate Debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to the account indicated below and the Bank named below, hereinafter called Bank, to debit the same to such account.

**BANK INFORMATION:**

**BANK NAME** \_\_\_\_\_

**ACCOUNT TYPE (PLEASE CHECK) CHECKING** \_\_\_\_\_ **SAVINGS** \_\_\_\_\_

**ROUTING NUMBER** \_\_\_\_\_ **ACCOUNT#** \_\_\_\_\_

**AMOUNT APPLIED TO SHARES** \$ \_\_\_\_\_

**AMOUNT APPLIED TO LOANS** \$ \_\_\_\_\_

**TOTAL MONTHLY DEBIT AMOUNT** \$ \_\_\_\_\_

(THE ACH WILL TAKE PLACE ON THE FIRST DAY OF THE MONTH)

This authority is to remain in full force and effect until ACH originator has received written notification of termination of this agreement in such time and in such manner as to afford ACH Originator and Bank a reasonable opportunity to act on it.

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

(Authorization agreement must be completely filled out and returned to the Credit Union with a voided check)