



# Avadian Credit Union Authorization Agreement for Direct Payments (ACH DEBITS)

**AVADIAN CREDIT UNION**  
**PO Box 360287**  
**Birmingham, AL 35236**

I authorize Avadian Credit Union to initiate monthly electronic debit entries to my account listed below.

Financial Institution Name	Branch
Routing/Transit Number	Account Number
Acct Type: (Check One)	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

I further agree that Avadian Credit Union shall be under no liability, if such a charge were dishonored whether with or without cause and whether intentionally or inadvertently.

I understand that if this transaction is returned to Avadian Credit Union unpaid, a return fee may be charged to my Avadian Credit Union account.

This authority will remain in effect until Avadian Credit Union has received written notification from me of its termination.

Avadian Member Number	Loan Number	Amount
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Please withdraw the amount listed above on the date indicated below.

Start Date: \_\_\_\_\_

Print Individual Name	Signature	Date
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**PLEASE ATTACH COPY OF VOIDED CHECK**

**FOR CREDIT UNION USE ONLY**

CU Employee: \_\_\_\_\_

Rec'd Date: \_\_\_\_\_

Branch: \_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_

