



DEBIT ORIGATION (DBO) AUTHORIZATION FORM

<input type="checkbox"/> NEW
<input type="checkbox"/> CHANGE
<input type="checkbox"/> CANCEL

Name or Title of the Account	
Financial Institution to be debited	Please Print Last Name, First, MI
Routing/Transit Number	Account Number
Account Number to be Debited	Day Time Phone Number

A VOIDED CHECK IS REQUIRED FOR NEW AND CHANGES

- Deductions with the same financial account number and transfer date must be listed or will be deleted.
- Business Accounts require documentation referencing members name and account number from other institution.
- Temporary Checks or Deposit Slips are not acceptable.
- Variable Loans cannot be set up.

	Account #	Suffix	Amount	Transfer Date (mm/dd/yy)
Shares			\$	
			\$	
Related Shares			\$	
			\$	
Loans			\$	
			\$	
Related Loans			\$	
			\$	
Checking			\$	
			\$	
Total Monthly Deductions			\$	

Please allow 15 business days for processing a new, change or delete request.

AUTHORIZATION AGREEMENT

I hereby authorize Golden 1 Credit Union to charge my checking account by electronic debit and apply the funds as indicated above. I also request and authorize the financial institution named above to accept and honor this order drawn by Golden 1 Credit Union, provided there are sufficient funds available in my account to pay such order upon presentation.

This authorization is to remain in full force and effect until Golden 1 Credit Union and the Depository Financial Institution has received one of the following: (1) written notification from me or either of us, (2) verbal communication received to Golden 1's Contact Center Department (only in the event you are closing your account), (3) Golden 1 terminates the agreement if three insufficient funds returned notices are received from the Depository institution in a 12 month period. Request must be received in such a time and in such manner as to afford Golden 1 Credit Union and the Depository Financial Institution a reasonable opportunity to act on it (15 business days).

Payments for loans that are paid off will be deleted from this service and will automatically reduce or cancel the amount being processed.

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

Your signature acknowledges that you consent to the terms above.

Signature _____

Date _____

Payroll Department Use Only		Branch Teller #	
Entered by		Branch Initial	
Date Entered		Date Received	