



**INDICATE IF AUTHORIZATION IS: NEW _____ CHANGE AMOUNT _____
CHANGE OTHER FINANCIAL INSTITUTION _____ CHANGE DATE _____

AUTHORIZATION AGREEMENT FOR CREDIT UNION/MEMBER ORIENTATION

I hereby authorize Peoples Energy Credit Union to originate an ACH debit from the account listed below. Adjusting entries to correct errors are also authorized. This authority will remain in effect until I have changed or canceled this request in writing at least one week prior to the next settlement date.

ACH Debit coming from account number _____ Savings / Checking
at (institution name): _____ (Please circle one)

Institution's Transit/ABA # _____ Amount: \$ _____

Transfer to occur on: Weekly : choose day of the week M T W TH F

Monthly: choose date(s) _____

Start Date: _____

If this date falls on a Saturday, Sunday or bank holiday, this transfer will be made on the following business day

Apply to: Credit Union Savings account # _____

Credit Union Loan account # _____

Number you can be reached at: () _____ - _____

Signature: _____

Date: _____

Please attach a voided check



This institution is not federally insured