

Please complete the attached form and mail it, along with a voided check, to:

Dort Federal Credit Union
Attn: ACH Department
P.O. Box 1635
Flint, MI 48501



Authorization Agreement for Origination Services

I (we) authorize Dort Federal Credit Union to initiate Debit entries to my (our) account at the depository institution named below. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provision of U.S. Law.

Depository Name: _____ Checking Savings

City: _____ State: _____

Account # _____

Routing Transit # : _____

Starting on: (MM/DD/YY) _____

and occurring on the _____ **(DD) of every month thereafter in the amount of**
(1-28)

\$ _____.

I (we) authorize Dort Federal Credit Union to credit my account specified below.

Member #: _____ Loan suffix: _____ **(No HELOC, CAL, Visa or Mortgages)**

Member Name(s): _____

Date: _____ Signed: _____

This authority is to remain in effect until Dort Federal Credit Union has received notification from you within 7 business days of the date the debit is scheduled to be withdrawn from account. In the case of loan default, Dort Federal Credit Union reserves the right to suspend participation in origination services. Mail notification to: Dort Federal Credit Union, P.O. Box 1635, Flint, MI 48501 Attention: ACH Department

COPY OF VOIDED
CHECK REQUIRED