

ACH CREDIT AUTHORIZATION FORM

I (we) hereby authorize APEX Community Federal Credit Union to initiate credit entries from my/our checking/savings accounts to the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authorization will remain in effect until APEX Community Federal Credit Union is notified by me (us) in writing to cancel it in such time as to afford APEX Community Federal Credit Union a reasonable opportunity to act on it.

FROM: APEX Community Federal Credit Union

_____ Checking Savings
(Member Account Number)

To: _____
(Receiving Institution) (Account Number)

(Receiving Institution ABA)

Savings Checking _____
(Amount)

Effective Date: _____ Frequency: Monthly

(Funds will be transferred on due date unless otherwise Authorized)

I (we) understand that APEX Community Federal Credit Union reserves the right to cancel this agreement and terminate this transfer, with or without cause, followed by a written notification to me (us).

I (we) understand that the origination of an ACH transaction to or from my (our) account must comply with provisions of the United States Law.

(Signature) (Signature) (Date)

Name - Please Print Name - Please Print