



Authorization for Automatic Debits

PO Box 889, TEXAS CITY, TX 77592-0889

Institution the funds are coming from _____

Institution ABA Routing Number _____

Name on Account _____

Account Number to be debited _____ Account Type _____ Make Selection

AMOCO Member # to be credited _____ Account Type _____ Make Selection Loan/Acct # _____

Member Name (You must be an Authorized Signer on the Account) _____

Member Address (street, city, zip) _____

Member Home Ph. _____ Work Ph. _____ Email Address _____

Start Date for Automatic Debits (use mm/dd/yyyy format) _____

Frequency of Payment _____ Make Selection Amount of Payment (\$00.00) _____

1. AUTOMATIC DEBIT. I (We), hereby authorize AMOCO Federal Credit Union and its successors to automatically deduct the payment owed to AMOCO, from my account on the day of each month indicated in this agreement, and at such other times as AMOCO may deem necessary to bring my account current, and to transmit said funds to AMOCO at its discretion. AMOCO is hereby authorized to initiate any credit entries or adjustments, if necessary, to the account. I (We) authorize the Depository named to debit or credit any such entries to the account. 2. VOLUNTARY. This agreement is totally voluntary, and I am not required to enter into this Agreement in order to maintain my account or debit with AMOCO. 3. AMOUNT. The amount deducted shall be in the amount indicated or in the amount of any and all payments which are due and payable, including escrow amount, minus any credits according to the terms of the debits that I owe to AMOCO as indicated in this Agreement. 4. AVAILABILITY OF FUNDS. I agree to insure that there is a sufficient balance in my account to pay all regularly scheduled payments on the day(s) of the month indicated on this Agreement. 5. CANCELLATION. Either AMOCO or I may cancel this Agreement any time by notifying the other party in writing more than two weeks in advance of the date of cancellation. After three consecutive unsuccessful attempts to withdraw, this Agreement will cancel. 6. FEE. When a pre-authorized draft is presented and returned unpaid, a fee will be assessed per the Fee Schedule, automatically, without prior written notice. 7. INFORMATION. Electronic funds transfer disclosures can be found in the Deposit Agreement brochure. 8. AMOCO ACCOUNT. If at any time I maintain a deposit account at AMOCO, I (We) hereby authorize AMOCO Federal Credit Union and its successors to deduct any payment that I owe to AMOCO on any of my debts on the day of each month when such payment is due from any deposit account of mine that I may maintain at AMOCO from time to time.

Please print this form by clicking the Print Form Button. Submit a signed copy to AMOCO and retain a copy for your records.

Signature: By signing, I agree to the terms of this agreement as described above _____

Signature: If other than member at AMOCO _____