



ACH AUTHORIZATION AGREEMENT

I _____ (Print Name) hereby authorize Guardian Credit Union, to initiate ACH entries to my account(s) as indicated below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law.

Amount \$ _____ . Date of First ACH Draft ____/____/____

Frequency (Check One)

- One Time Draft Date of Draft _____
Monthly Day of the Month (1-31) _____
Bi-Monthly Days of the Month (1-31) _____, _____
Weekly Day of the Week (M-F) _____
Bi-Weekly Days of the Week (M-F) _____, _____
Other: _____

Please Debit(-) my account at (Check One)

- Guardian Credit Union Account number: _____ Checking Savings
Financial Institution Below
Name: _____
Address: _____
Routing Number: _____
Account number: _____ Checking Savings

Please Credit(+) my account at (Check One)

- Guardian Credit Union Account Number: _____ Checking Savings
Further Credit to Loan Number: _____ Type of Loan _____
Financial Institution Below (Will post to account on the third business day following the debit draft settlement)
Name: _____
Address: _____
Routing Number: _____
Account number: _____ Checking Savings Loan

This authority is to remain in full force and effect until Guardian Credit Union has received written notification from me (or either of us) of its termination in such time and manner as to afford Guardian Credit Union and other Financial Institution a reasonable opportunity to act on it. Guardian Credit Union is not responsible for any incorrect information given in this request. Any incorrect information given by you may result in the ACH Credit being delayed or not being processed. Credit entries to other financial institutions will settle on the third business day following the debit draft settlement at Guardian Credit Union. All drafts intended to settle on a non banking day (defined by the Federal Reserve Bank) will be settled the proceeding banking day. The undersigned hereby releases Guardian Credit Union from all liability from any loss unless the loss arises out of our failure to exercise ordinary care, failure to act in good faith, or failure to act in accordance with written instructions given you in this document.

Sign _____ Date _____

Please fax back to Guardian Credit Union at 334-241-8789 or mail to: 418 Madison Avenue, Montgomery, AL 36104. If you have any questions, please call our Accounting Department at 334-834-4494.

Sign Below to Revoke Authorization

Please sign below or attach written notice to revoke authorization of the ACH drafts on these accounts. By signing this, Guardian Credit Union no longer has authorization to draft the accounts listed above.

Sign _____ Date _____