

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)**

I hereby authorize \_\_\_\_\_ to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my checking\_\_\_\_\_or savings\_\_\_\_\_(select one) account indicated below at the depository named below.

DEPOSITORY NAME: Okaloosa County Teachers FCU

ADDRESS: 1126 N Ferdon Boulevard

CITY: Crestview STATE: Florida ZIP: 32536

TRANSIT/ ROUTING# / ABA# **263277887**

ACCOUNT #

This authority is to remain in full force and effect until \_\_\_\_\_ has received written notification from me of its termination in such time and in such manner to afford \_\_\_\_\_ and Okaloosa County Teachers FCU a reasonable opportunity to act on it.

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(For company use only) Date Received \_\_\_\_\_ Processed by \_\_\_\_\_