



CONSUMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH (ACH DEBITS)

Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment.

I (we) authorize SPECTRUM CREDIT UNION to electronically debit my (our) account for the amount set forth in the loan note and/or monthly billing statement, (and, if necessary, electronically credit my (our) account to correct erroneous debits) as follows:

Select One:

- Checking Account Savings Account

at the depository financial institution named below. I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Depository Name: _____

Routing/ABA Number: _____

Account Number: _____

Please indicate account or loan where funds should be applied at SPECTRUM CREDIT UNION:

Member Name: _____

Member Number: _____

Four-Digit Share/Loan Type: _____

The amount set forth in the loan note and/or monthly billing statement will be debited on the due date set forth on each monthly billing statement. **Note:** Amount debited is subject to change based on loan terms.

Indicate any additional amount to add to monthly payment: _____

ACH origination will begin on the first payment, 10 days following receipt of this notice.

I (we) understand that this authorization will remain in full force and effect until I (we) notify SPECTRUM CREDIT UNION in writing by mail to P.O. Box 4107, Concord, CA 94524 that I (we) wish to revoke this authorization. I (we) understand that SPECTRUM CREDIT UNION requires notice at least three (3) business days prior to the proposed effective date of the termination of authorization. **Important Installment Loan Information:** This authorization will be terminated and the debit entry will cease once the balance is paid in full.

Member Name(s) (Please Print)

Member Signature(s)

Date