



AUTHORIZATION FOR PREAUTHORIZED PAYMENTS

I/We authorize the Company (named below) to initiate debit entries to my/our account at The DEPOSITORY (identified below), for the purpose of accomplishing the following preauthorized payments:

COMPANY NAME: POCATELLO SIMPLOT CU ACCOUNT NUMBER: _____

AMOUNT: \$ _____

FREQUENCY: Weekly Bi-weekly Monthly One time

OPTIONAL: Effective Date: _____ Termination Date: _____

New Authorization Change to Previous Authorization

Depository Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing No: _____ Account No: _____

Attach voided check/draft or deposit slip. Checking Savings

My/Our account will remain subject to its individual terms and conditions, which are not modified by this authorization. I/We acknowledge that the origination of these transactions must comply with the provisions of Pocatello Simplot CU ACH policy. I/We understand that this authorization will remain in full force and effect until the termination date, with *WRITTEN* authorization of its termination in such time and in such manner as to afford the Company and the Depository a reasonable opportunity to act on it.

NAME: (Print or Type): _____

Social Security Number: _____

(Signature)

(Date)

Date Entered: _____ By: _____ Date Terminated: _____ By: _____

PLEASE TERMINATE MY ACH

(member signature)

(Date)