



**ACH DEBIT AUTHORIZATION/ORIGINATION AGREEMENT**

**I (we) hereby authorize R-G Federal Credit Union, hereinafter called Credit Union, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called Financial Institution, to debit the same to account for the purpose of transferring funds to the Credit Union. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.**

**FINANCIAL INSTITUTION INFORMATION**

Name of Financial Institution to Debit:

Address:

City:

State:

ZIP Code:

Routing Number:

Account Number:

Account Type (checking/savings):

Frequency of Debit:

Amount of Debit:

Starting Date:

One Time

Recurring

**This authority is to remain in full force and effect until Credit Union has received written notification from me (or either of us) of its termination in such time and manner as to afford Credit Union and the other Financial Institution a reasonable opportunity to act on it.**

**SIGNATURE**

Authorized Signature:

Date:

Printed Individual Name:

R-G Account Number:

**CREDIT UNION USE**

Credit Union Employee Signature:

Belton Branch  
 128 W. Markey Road  
 Belton, MO 64012  
 (816) 331-6600  
 (816) 331-6603 fax

Knob Noster Branch  
 603 N 23 Hwy  
 Knob Noster, MO 65336  
 (660) 563-2500  
 (660) 563-2510 fax