

Coastal Federal Credit Union  
**Authorization Agreement For ACH Transactions**  
**Automatic Loan Payment Debit Authorization**

New       Change

**Instructions:** Complete the Authorization Agreement below and make a copy of the completed Authorization form for your records. If you are using a checking account for Automatic Debit, you must send a voided check from the account you wish to be debited. If you are using a savings account, you must enclose a pre-printed savings deposit ticket that includes the ABA number and your account number. Failure to do so may result in the rejection of your payment entries.

Name	Coastal Account Number	Daytime Phone Number
		(     )

I (We) hereby authorize Coastal Federal Credit Union ("CFCU") to DEBIT my  **Checking** or  **Savings** account with the following Depository Institution named below to make my scheduled loan payment. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law. I (We) understand that Coastal is not responsible for any fees, penalties or late charges, which may arise when funds are not available and the ACH debit is rejected. I (We) also understand that any rejected debits may be resubmitted. Payment dates that fall on a non-business day will be posted on the next business day.

Depository Institution		ABA Number
City	State	Zip Code
Name on Account		Account Number

The Automatic Payment will be applied to Loan Sub No: \_\_\_\_\_ on a monthly payment basis. My payment amount should be \_\_\_\_\_ or my scheduled loan payment amount. ***If your final deduction is greater than your final payment, the remainder will be deposited into your savings at Coastal.***

I (We) understand that Automatic Payments will begin on the first due date AFTER the submission of this form. Payments should be remitted by check until that time. Please start my automatic payments in \_\_\_\_\_ (Indicate Month).

This authorization is to remain in full force and effect until CFCU has received written authorization from me (or either of us) of its termination in such time and in such manner as to afford CFCU and Depository a reasonable time to act on it. Two consecutive failed payments may result in termination of your payment and this agreement.

Account Holder Printed Name	Signature	Date
Joint Holder Printed Name	Signature	Date

**\*\*A Voided Check or Pre-Printed Savings Deposit Ticket Must Be Attached to Initiate Your ACH (Automatic Payment)\*\***

**Please return completed form with attachment to:**  
 Coastal Federal Credit Union  
 Attn: ADS Department  
 P.O. Box 58429  
 Raleigh, NC 27658  
 1-800-868-4262