

LIBERTYONE Credit Union
1100 Commerce St., # 615
Dallas, Texas 75242
Phone (214) 413-5588 Fax (214) 752-2499

**AUTHORIZATION AGREEMENT TO DRAFT
MY LIBERTYONE LOAN PAYMENT
FROM ANOTHER BANK (BY ACH DEBIT)**

Please check one of the following:

New Change Bank Info Change Amount Change Date Delete

I hereby authorize LibertyOne Credit Union to initiate debit entries to the account listed below. The funds retrieved from this debit will be applied to my loan account; however, I understand that if funds are not available to allow this debit transaction to be completed, I am still responsible for making the loan payment per the loan agreement previously signed. I also understand that LibertyOne Credit Union will charge a \$28.00 fee if the transaction can't be completed due to insufficient funds at the bank named below.

Bank Name _____

Routing (ABA) Number

Account Number Checking Savings

Start Date _____ Amount \$ _____

Monthly, Semi-monthly, Weekly or Bi-weekly? _____

This authorization is to remain in full force and in effect until LibertyOne Credit Union has received **written** notification from me of its termination. Please allow LibertyOne Credit Union no less than 10 business days to make changes to depository information, amount and/or changes in the dates. If your loan is delinquent, we may debit your bank account for additional payments until your loan is current. Please note, when your loan is paid in full, this authorization will be terminated automatically. By signing this agreement, you agree to these terms and conditions.

Printed Name _____ LibertyOne Acct No. _____ Loan No. _____

Signature _____ Date _____

For Office Use Only: Entered in ShareTec _____