

**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 \$30.00 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 \_\_\_\_\_

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For Office Use Only: Entered in ShareTec \_\_\_\_\_