

**CFAB**  
**P. O. Box 92070**  
**Anchorage, Alaska 99509**

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)**

I(we) hereby authorize CFAB to initiate debit entries to my(our)  Checking Account  Savings Account (select one) indicated below at the Financial Institution named below. I(we) acknowledge that the origination of ACH transactions to my(our) account must comply with the provisions of U. S. law.

As an enrollee in this program, I understand that:

1. I will receive a bill each month even though I am on the automatic payment plan, it will tell me the amount that will be charged to my account.
2. If my enrollment is near the date my payment is due, I will need to send that month's payment. The next month's payment will be automatically charged to my account.
3. If my account is denied for whatever reason, CFAB will attempt to contact me for an alternate payment arrangement. My loan will be subject to the remedies specified in my loan documents should payment not be made.
4. If my account is denied for whatever reason, CFAB is authorized to charge my loan a \$30 NSF fee.
5. **I will notify CFAB at (907) 276-2007 if I wish to cancel this agreement. CFAB will cancel this agreement at any time with 30 days written notice.**

Financial Institution _____
Branch _____
City _____ State _____ Zip _____
Routing Number _____
Amount _____
This authorization is to remain in full force and effect until CFAB has received written notification from me (or either of us) of its termination in such time and in such manner as to afford CFAB and the Financial Institution a reasonable opportunity to act on it.
Name(s) _____
Account Number _____
Date _____
Signature _____
Signature _____
<b>NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.</b>
This section is for Bank Use Only
Reviewed /Approved by _____ Date _____