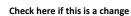
Credit Union Use Only

MSR Initials





AUTOMATIC PAYMENT/ DEPOSIT AUTHORIZATION

(ACH Origination)

I hereby authorize Columbine Federal Credit Union to initiate a DEBIT entry to my (our) account indicated below at the financial institution named below. I (we) acknowledge that the origination of ACH transactions to my account must comply with the provisions of the U.S. law.

MEMBER INFORMATION:	
NAME	
DAY TIME PHONE	
CFCU ACCOUNT NUMBER	
OTHER FINANCIAL INSTITUTION INFORMATION:	
NAME	
ADDRESS	
CITY/STATE/ZIP CODE	
ROUTING NUMBER ACCOUNT NUMBER	
ACCOUNT TYPE: CHECKING SAVINGS (check one)	
*****PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM*****	
CFCU PAYMENT INFORMATION:	
STARTING DATE:/	
FIXED DOLLAR AMOUNT:	
ACCOUNT NUMBER:	
This authorization is to remain in full force and effective until Columbine Federal Credit Unhas received written verification from me of its termination. ***Please note that we need advanced notice of at least 5 <u>business</u> days in order to start cancel an ACH.	
MEMBER SIGNATURE: DATE:	