



Authorization Agreement for Direct Transfers to NAPUS PAC

I hereby authorize NAPUS Federal Credit Union (NAPUS FCU) to initiate debit entries to my account indicated below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authorization is to remain in effect until NAPUS FCU has received written notification from me of its termination in such time and in such manner as to afford NAPUS FCU a reasonable opportunity to act on it.

Name(s) _____ Date _____
(Please Print)

Address _____

City, State, Zip Code _____

NAPUS Association Member Number _____ Effective Date _____

Authorized Signature _____

Transfer/Distribution Instructions

Please transfer \$ _____ from my incoming deposit indicated below:
[] Postal Payroll [] Postal Retirement [] Other Payroll/Retirement _____

OR

Please transfer \$ _____ directly from my NAPUS FCU account indicated above using the following information:
Account Number: _____ [] Savings ID [] Checking ID [] Money Mkt ID
[] Monthly [] Semi-Monthly [] Bi-Weekly [] Weekly [] One-time Only

Please distribute the funds to the NAPUS PAC account held at NAPUS FCU.

I understand that this deduction distribution will continue based on the frequency indicated above. I may change the distribution amount or cancel the distribution in its entirety by notifying a NAPUS FCU representative.

NOTE: DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

FOR NAPUS FCU USE ONLY

Data Entry Date _____ Representative _____
End Date of Origination _____ Representative _____
Company ID Number _____ Transaction Code _____ Frequency _____

FOR NAPUS USE ONLY

Date Received _____ Representative _____