

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

Credit Union Name: Mutual Savings Credit Union **Credit Union ID #:** 261071522

I (we) hereby authorize Mutual Savings Credit Union to initiate credit in the amount of \$ _____, to my (our) ☐ Checking/ ☐ Savings/
☐ Loan account (select one) indicated below at the depository financial institution name below, hereinafter called DEPOSITORY, and to
credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the
provisions of U.S. Law.

Depository Name: _____ **Branch:** _____ **City/State:** _____ **Zip:** _____

Routing Number: _____ **Account Number:** _____ **Effective Date:** _____

This authorization is to remain in full force and effect until the CREDIT UNION has received written notification from me (or either of us)
of its termination in such time and in such a manner as to afford CREDIT UNION and DEPOSITORY a reasonable opportunity to act on it.

Name(s): _____ **ID Number:** _____
(Please Print)

Date: _____ **Signature:** _____

**NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKETHE AUTHORIZATION
ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATIONS.**

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH DEBITS)

Credit Union Name: Mutual Savings Credit Union **Credit Union ID #:** 261071522

I (we) hereby authorize Mutual Savings Credit Union to initiate a debit in the amount of \$ _____, to my (our) ☐ Checking/ ☐ Savings
account (select one) indicated below at the depository financial institution name below, hereinafter called DEPOSITORY, and to credit the
same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions
of U.S. Law.

Depository Name: _____ **Branch:** _____ **City/State:** _____ **Zip:** _____

Routing Number: _____ **Account Number:** _____ **Effective Date:** _____

This authorization is to remain in full force and effect until the CREDIT UNION has received written notification from me (or either of us)
of its termination in such time and in such a manner as to afford CREDIT UNION and DEPOSITORY a reasonable opportunity to act on it.

Name(s): _____ **ID Number:** _____
(Please Print)

Date: _____ **Signature:** _____

**NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKETHE AUTHORIZATION
ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATIONS.**