



12755 N. Houston Rosslyn Rd.
Houston, TX 77086
Main Office: 713-455-8586
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**Authorization Agreement
For Direct Payments (ACH Debits)**

I (we) hereby authorize SPCO Credit Union, to initiate debit entries to my (our) Checking or Savings account indicated below at the depository institution named below

Depository Bank Name:

Phone Number:

Routing #:

Account #:

Checking

Savings

This authorization is to remain in effect until SPCO has received written notification from me of its termination in such time and in such manner as to afford SPCO and the depository institution reasonable opportunity to act on it.

New

Change

Stop

Name:

Phone Number:

Amount:

Account #:

Frequency:

Weekly

Bi-Weekly

Semi-Monthly

Monthly

One-Time

Day of the Month:

Start Date:

Signature:

Date:

Note: All written authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization