

Ashoka Credit Union
3405 Penrose Place, Suite 102 Boulder, Colorado 80301

I/we hereby authorize Ashoka Credit Union, to initiate charges (debits) to my/our checking/savings account indicated below, at the Financial Institution. named below , hereinafter called Depository to debit those charges to such account, in the amount and on the day of the month specified below.

IMPORTANT: A VOID CHECK MUST BE ATTACHED TO FORM

Please charge my/our Checking account at _____
(Name of Depository)

AMOUNT: _____ ON THE 5TH 10TH 15TH 20TH 25TH of each month
(CIRCLE ONLY ONE)

TO BE CREDITED TO MY ASHOKA CREDIT UNION ACCOUNT AS FOLLOWS:

LOAN PAYMENT _____ OR SAVINGS DEPOSIT _____

PLEASE NOTE : THE DEBIT WILL OCCUR ON THE DATE ABOVE OR THE NEXT BANK DAY OF BUSINESS AFTER THE DATE ABOVE.

This authority is to remain in full force and effect until **ASHOKA CREDIT UNION** or the Depository has received written notification from me or either of us of its termination in such time and in such manner as to afford Ashoka Credit Union reasonable opportunity to act on it (10 business days). I/we understand that I/we still need to notify **ASHOKA CREDIT UNION** in writing at the time a loan is paid in full that the automatic debit for the loan payment is to be terminated.

I (or either of us) have the right to stop payment of a debit entry by notifying **ASHOKA CREDIT UNION** or the Depository in such time as to afford **ASHOKA CREDIT UNION** or the Depository a reasonable opportunity (10 business days) to act on it prior to date of the authorized transaction. I/we have received a copy of and agree to pay applicable fees per the Ashoka Credit Union Fee Schedule and/or board approved updates.

After account has been charged, I/we have the right to have the amount of an erroneous debit immediately credited to my/our account by **DEPOSITORY**, provided I/we send written notice of such debit entry error to **DEPOSITORY** within 15 days following issuance of the account statement or 45 days after such posting, whichever occurs first.

PLEASE PRINT YOUR NAME (S) as they appear on DEPOSITORY account named above:

SIGNATURE: _____

DATE: _____ PHONE: _____

DIRECT DEPOSIT/PAYMENT INSTRUCTIONS/REQUEST FORM *

AUTHORIZATION AND INSTRUCTIONS TO ASSIST YOU TO INITIATE DIRECT DEPOSIT OF FUNDS FROM YOUR PAYCHECK TO YOUR ACCOUNT AT ASHOKA CREDIT UNION.

I/we hereby authorize(YOUR EMPLOYER)_____to
initiate an automatic withdrawal from my paycheck check of \$_____ per pay period
for direct deposit into my account _____ at Ashoka Credit Union .

Date:_____ Soc. Sec. No. _____

Name:_____ Signature: _____

ACH ROUTING INFORMATION FOR DIRECT DEPOSIT TO ASHOKA CREDIT UNION:

BANK NAME: ASHOKA CREDIT UNION
3405 PENROSE PLACE, SUITE 102
BOULDER, COLORADO 80301
ROUTING NUMBER: 1070-8919-9
PHONE NUMBER: 303-444-9003
SERVICING FRB NUMBER: 101000048

CORRESPONDENT BANK: SUNCORP CORPORATE CREDIT UNION
4905 W. 60TH AVE
ARVADA, CO 80003-6925

FINAL CREDIT/BENEFICIARY: (YOUR NAME)_____
(YOUR ACCOUNT #)_____