

NEW

AMENDED

**NATIONAL CREDIT UNION ADMINISTRATION**  
**AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER PAYMENTS**

The undersigned hereby authorizes the National Credit Union Administration, (herein called "NCUA"), to initiate electronic funds transfer (EFT) payments to the account at the Credit Union or other entity designated below, in accordance with the Debt Collection Improvement Act of 1996 (Public Law 104-134).

(Please Print or Type Legible)

CREDIT UNION OR DEPOSITORY NAME \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE NO. \_\_\_\_\_

NINE-DIGIT ROUTING TRANSIT NUMBER OF CREDIT UNION

OR DEPOSITORY INSTITUTION ABOVE \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

ACCOUNT NUMBER TO BE CREDITED \_\_\_\_\_

**PLEASE CHECK ONE OF THE FOLLOWING:**

- This is an account on-line with the Federal Reserve System.
- This is an account held with a Correspondent Financial Institution. (NOTE: If you choose this box, the Routing Transit Number above should be that of your Correspondent Financial Institution.)

Although the legislation does not address payments to federal agencies, NCUA requests authorization to debit the account identified above for the purposes of electronically collecting insurance assessments and, if applicable, operating fees. Please check the following box if your credit union desires to use an electronic method of payment to NCUA (this is strictly voluntary and not a requirement under the Debt Collection Improvement Act).

- NCUA is authorized to debit the account identified above for the purposes of collecting insurance assessments and operating fees (if applicable).

This authorization remains in full force and effect unless and until amended or terminated by 30 days prior written notification to the other party by NCUA or the undersigned.

The undersigned agrees to notify NCUA by written notification of a change of the above designated Routing Transit Number or Account Number at least 30 days prior to the next established payment date.

NAME OF AUTHORIZED REPRESENTATIVE \_\_\_\_\_

Please Print

TITLE \_\_\_\_\_

Please Print

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

NCUA CHARTER NUMBER OR INSURANCE CERTIFICATE \_\_\_\_\_

CREDIT UNION NAME \_\_\_\_\_

NINE DIGIT TAXPAYER IDENTIFICATION NUMBER (TIN) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ PHONE NO. \_\_\_\_\_

Please Print

**Please complete and return to:**  
National Credit Union Administration  
Office of the Chief Financial Officer  
1775 Duke Street  
Alexandria, VA 22314-3428

Fax: 703-518-6439