

STOCK DIVIDEND - Direct Deposit Authorization Agreement for Recurring Payments from CU*Answers, Inc.

Credit - Other Financial Institution

Debit - CU*Answers, Inc.

Complete this form if you want us to Credit your account.			
<input type="checkbox"/> New Authorization		<input type="checkbox"/> Change Authorization	
Deposit Instructions			
Company Name:			
Routing Number:			
Account # to Credit:		Type of account (choose one):	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Authorization			
<p>You hereby authorize and request CU*Answers to Credit funds to your account at the Financial Institution indicated to pay for invoices/payments owed to you by CU*Answers. In the event of an error, you authorize CU*Answers to take any and all action required to correct the error, including but not limited to, crediting or debiting your account with the Financial Institution.</p> <p><i>To avoid delay, all authorizations need to be received at CU*Answers, Inc. 10 business days prior to date of credit, and must be accompanied by a pre-printed document from the financial institution being credited listing all authorized signers. The following will be accepted: verification letter from your Financial Institution, voided check, deposit slip, or top portion of a statement.</i></p> <p>This authorization will remain in full force and effect, and will continue to occur until CU*Answers, Inc. receives written notification from you of its termination in such time and in such manner as to afford the financial institutions involved a reasonable opportunity to act on it.</p> <p>By signing below, you certify that the information you have given on this ACH Credit Authorization Agreement for Direct Payments is complete, true, and submitted for the purpose selected above and that all transactions comply with U.S. Law.</p> <p style="text-align: center;">TO CANCEL THIS AUTHORIZATION YOU MUST NOTIFY CU*ANSWERS IN WRITING WITHIN 30 DAYS PRIOR TO THE NEXT CREDIT SCHEDULED.</p>			
Name of person authorizing CREDIT (please print):			
Daytime phone number:			
Email address for Notifications:			
Signature of Person Authorizing Credits:			Date:
For CU*Answers Use Only			
Representative Name		Phone / Extension	
Date Received		Date Processed	
EFT Representative			

Please mail completed form to:
 CU*Answers, Inc.
 6000 28th Street Suite 100
 Grand Rapids, MI 49546
 Attn: Accounts Payables