



**BAY CITIES CREDIT UNION**  
**EASYPAY ACH AUTHORIZATION AGREEMENT**

Existing Primary Members may use this form to start or cancel an Automatic Deposit (ACH Credit) to, or Automatic Payments (ACH Debit) from, an account at another financial institution. **A cancelled check must be attached to this form.** Without a cancelled check, this cannot be processed.

Complete only the applicable portions on both pages, and then fax the completed form along with a voided check to 510-881-8509 or mail to Bay Cities Credit Union, PO Box 30, Hayward, CA 94543.

**Authorization Agreement for:**

- Automatic Deposits** (ACH Credits) (debit BCCU / credit other institution)
- Automatic Payments** (ACH Debits) (credit BCCU / debit other institution)
- ACH Origination **Cancellation**

COMPANY NAME: Bay Cities Credit Union

COMPANY ID: 321172866

I hereby authorize Bay Cities Credit Union to:

- Initiate Credit Entries** and to initiate, if necessary, debit entries and adjustments for any credit entries in error to the account indicated from the depository named below, to credit and or debit the same to such account.
- Initiate Debit Entries** and to initiate, if necessary, credit entries and adjustments for any debit entries in error to the account indicated from the depository named below, to debit and or credit the same to such account.
- Cancel my ACH originating entry** for Credit or Debit from the account indicated from the depository named below. This cancellation notice authorizes Bay Cities Credit Union to revoke all ACH authorization herein defined.

DEPOSITORY NAME

BRANCH

CITY

STATE

ZIP

TRANSIT ABA No.

ACCOUNT No.

AMOUNT \$

FREQUENCY PERIOD

START DATE

This authority is to remain in full force and effect until Bay Cities Credit Union has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Bay Cities Credit Union and Depository a reasonable opportunity to act on it. I/we understand and agree transactions originated may not violate provisions of the law.

BAY CITIES MEMBER No.

BAY CITIES ACCOUNT TYPE

PLEASE PRINT NAME

MEMBER SIGNATURE \_\_\_\_\_

DATE