

**AUTHORIZATION AGREEMENT FOR PAYMENTS/DEPOSITS (DEBITS/CREDITS)  
IN FAVOR OF  
CENTEX CITIZENS CREDIT UNION**

I (we) do hereby authorize Centex Citizens Credit Union to initiate entries to my Checking/Savings account from the financial institution stated below.

**This authority is to remain in effect until Centex Citizens Credit Union has received written notification from me (or either of us) of its termination or written notification from me (or either of us) when I (we) have met all of our payment obligations. I will also be responsible for notifying my loan officer when a payment extension or any other skip a payment program will cause payment to be temporarily stopped.**

**I acknowledge receipt of a copy of this authorization.**

Signature	Date	Signature	Date
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**Account Funds to Be Withdrawn From:**

Checking:  or Savings:

**Amount of Deduction for Loan Payment: \$** \_\_\_\_\_

**Amount of Deduction for Deposit to Checking/Savings: \$** \_\_\_\_\_

**FINANCIAL INSTITUTION FOR WITHDRAWAL:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

**Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Centex Citizens Account Information:**

Member Account Name: \_\_\_\_\_

Member Account Number: \_\_\_\_\_

Loan Number: \_\_\_\_\_

Origination Start Date: \_\_\_\_\_