

## ACH AUTHORIZATION FORM

By signing below, I authorize G.A.P. Federal Credit Union to  
access my account # \_\_\_\_\_ at \_\_\_\_\_  
(Account Number) (Financial Institution)  
located \_\_\_\_\_  
(Address of Financial Institution)  
routing # \_\_\_\_\_ in the amount of \$ \_\_\_\_\_  
(ABA # of Financial Institution)  
on the 1<sup>st</sup> or 25<sup>th</sup> of every month for \_\_\_\_\_ time(s) only to be  
(circle one)  
applied to my account # \_\_\_\_\_ at G.A.P. Federal Credit  
(Credit Union Acct #)  
Union.

\*\*\*\*\**Please attach a voided check*\*\*\*\*\*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date