

Please debit the following account:

Energy One Federal Credit Union

Authorization Agreement for ACH Origination

I/we request and authorize Energy One Federal Credit Union to initiate debit entries to my/our account listed at the below financial institution. In the event that a debit is erroneously dishonored or cannot be processed due to circumstances beyond Energy One's control, I/we indemnify and hold Energy One harmless from any loss I/we may suffer. I/we acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of United States law. I/we agree to notify Energy One of any erroneously paid debit within 30 calendar days for correction. I/we may also be required to contact the institution being debited regarding any errors that occur on my/our account. Refer to the Schedule of Fees for any applicable fees.

Energy One will make every attempt to terminate the debit entry when my/our loan obligation is completed; however, it is my/our responsibility to notify Energy One and request termination of the automatic payment. Energy One must receive written notification of termination in such time and in such manner as to afford the credit union a reasonable time to act upon it. Funds received for greater than the payoff amount of my/our loan will be deposited to my/our Energy One account. This authorization is to remain in full force and effect until the credit union has received written notification from me/us. The credit union also reserves the right to terminate this authorization.

Financial ins	stitution						
City				State		Checking	
Routing/Transit/ABA #				Account #		Savings	
Please apply	the debit to t	he following Ene	rgy One account(s)):			
Member #	Loan/Share ID	Debit date(s)	Debit Amount	Frequency	Effective date to begin*	Effective date of cancellation	
*Same day p	rocessing avai	able if form is tu	rned in to credit un	ion by 12:00 Noor	Central time on pro	ocessing day.	
My total monthly debit authorization is \$				Daytime phone #			
There is \$15.	.00 fee for a sa	ıme day or a one		ion (no charge for	a recurring debit).		
Name(s)				Date			
Signature				Signature			
For office us	se only Energ	y One staff					