

## ACH Debit Authorization Form

*The purpose of this form is to authorize the credit union to debit your account at another financial institution, on a recurring basis (not for one-time payments), in order to repay a loan with the credit union.*

I hereby authorize **The Coca-Cola Company Family Federal Credit Union** (referred to subsequently as The Company) to initiate a charge (debit) entry to my

\_\_\_\_\_ Checking account or  
\_\_\_\_\_ Savings account

at the Financial Institution indicated below, and initiate adjustments (if necessary) for any transactions debited in error. This authority will remain in effect until The Company is notified by me in writing to cancel it in such time as to afford The Company and Financial Institution a reasonable opportunity to act on it.

I understand that if the funds are not available in my account on the designated debit date I will be charged an NSF fee of **\$30.00**.

***Please note: This form must be submitted at least three business days prior to the desired payment date.***

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
Location (City, State)

\_\_\_\_\_  
Financial Institution's Routing Transit Number  
(must be 9 digits)

\_\_\_\_\_  
Account Number to Debit

\_\_\_\_\_  
Member Name (Please Print)

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Member Credit Union Account Number

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

\_\_\_\_\_  
Amount

\_\_\_\_\_  
Effective Date

\_\_\_\_\_  
Frequency of payment

***Please Attach a Copy of a Canceled Check***

Fax to: (404) 676-1107 or mail to:

The Coca-Cola Company Family Federal Credit Union

P.O. Box 1734 Accounting Department

Atlanta, GA 30301