

ACH AUTHORIZATION

I (we) hereby authorize Bowater Credit Union to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called Financial Institution, to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

| Financial Institution | P | Phone Number of Financial Institution | n n |
|--|-----------------------|--|----------|
| Address | | | _ |
| City/State/Zip | | | _ |
| Routing Number | Account Number | | |
| Type of Account: | Checking | Savings | |
| Amount: | Frequency (Wee | kly, Monthly, etc.): | |
| Account Number: | | Loan Number: | |
| Start Date (if recurring): | OR Date o | f Debit (s): | |
| Bowater Employees Credit U Print or Type Individual Nam | Inion a reasonable op | nation in such time and manner as to portunity to act on it. | |
| Signature | | | |
| Date | | | |
| Credit Union Use Only | | | |
| Member Service Signature_ | | | |
| Remote Services Signature _ | | | |
| Data Scannod | | | Rev 7-11 |