



**VENDOR AUTHORIZATION
FOR DIRECT PAYMENT VIA ACH CREDIT**

I/We authorize IC Federal Credit Union to electronically credit (our) account as follows:
Select One:

Checking Account

Savings Account

At the depository financial institution named below ("Depository"), I/we agree that ACH transactions I/We authorize comply with all applicable law.

Depository Name _____

Routing Number _____

Account Number _____

Email Address for ACH Notification of Payment _____

I (we) understand that this authorization will remain in effect until I (we) notify IC Federal Credit Union that I (we) wish to revoke this authorization.

Company Name _____

Date _____ Signature _____

Email form to accountspayable@iccreditunion.com