



Loan Direct Payment Form

I (we) hereby authorize Nymeo Federal Credit Union ("Nymeo") to initiate Prearranged Payment and Debit ("PPD") entries to my (our) account at the financial institution ("Financial Institution") listed below. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with OFAC regulations and the provisions of U.S. laws and regulations.

Financial Institution

Name _____ ABA Routing # _____

Account Number _____

Account Type: Checking/Draft Savings/Share

Start Date: Month/Year _____

Monthly Recurring Date: ____ (1st -28th Only)

Amount to Debit _____

I (we) understand that should the regularly scheduled debit date fall on a weekend or Federal holiday, the debit shall occur on the following banking date.

I further understand and agree that in order for Nymeo to make the payment requested in this authorization agreement, I must have the payment amount available in the designated account at the Financial Institution. If the funds are not available, my Nymeo loan account may be considered delinquent and assessed a late fee. I understand that all fees and charges imposed by Nymeo and/or the Financial Institution in receipt of this request will be my responsibility.

I hereby certify to Nymeo that the transfer of funds requested herein is not a transfer of funds that would be restricted under the Unlawful Internet Gambling Enforcement Act ("UIGEA") and regulations that have been adopted which are related to the enforcement of the UIGEA. I understand that if I use my account for conducting any illegal activity, including unlawful Internet gambling in violation of the UIGEA, Nymeo may suspend my account access, and thereafter terminate my account access, and account relationship.

Nymeo reserves the right to terminate this agreement if non-sufficient fund transactions occur. This authorization is to remain in full force and effect until Nymeo has received written notification from me (or any authorized Nymeo account holder) of its termination in such a time and manner as to afford Nymeo and Financial Institution a reasonable time to act upon it.

This agreement will expire upon repayment of the above loan.

Account Holder

Name(s) (please print): _____

Signature: _____

Date: _____

Home Phone #: _____

Work/Cell #: _____

Nymeo Account # and Loan Suffix: _____

Please attach a voided check or Financial Institution account verification letter to this form. The valid verification must contain the account holder's name and account #.

Note: Written debit authorization must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

For Nymeo use only: Teller # _____ Employee Initials _____ Date _____
New Modified