Kimberly Clark Credit Union

1520 N. Second St. Memphis, TN 38107 (901)521-4646 (800)462-7777 Fax: (901)521-4644

Please complete this Authorization Agreement for Preauthorized Payments that will enable us to initiate the debit entry you requested from your checking account for the loan payment at Kimberly Clark Credit Union.

Be sure to provide or verify all account information, sign this form, and return it to Kimberly Clark Credit Union.

Sincerely,				
KIMBERLY CLARK CREDI	T UNION			
Name:		Account #		
	Preauthorize	d Payment Authorization		
Company Name: KIMBERLY CLARK CREDIT UNION		Company ID Number: <u>284084813</u>		
		UNION, hereinafter called KCCU, to einafter called DEPOSITORY, for the		
moni my (our) checking acc	ount indicated below, here	emarter caned DET OOTTOKT, for the	e amount shown below.	
BANK/DEPOSITORY NAME:		BRANCH:	BRANCH:	
CITY:	STATE:	ZIP:		
ROUTING NUMBER:		ACCOUNT#_		
DATE OF ACH:				
AMOUNT:				
PURPOSE:				
transfer request falls on a w transaction by the external availability policy; it will gen	veekend or Federal holida financial institution will be perally be within one to two	on and will be sent the next business y, the transfer will be made on the n determined by that institution's proc business days. Kimberly Clark Cre th or as required by law or applicabl	ext business day. Posting of the cessing times and funds dit Union reserves the right to	
Signature	Date	Signature	Date	

