



Direct Debit Authorization to Pay Overdraft in Savings Account

Name : _____
Membership Number : _____
Account Number : _____ Routing Num: _____
Bank Name : _____
Type of Account ☐ Checking ☐ Savings

I authorize **Cooperativa de Ahorro y Crédito Rafael Carrion Jr.** to debit from the account shown above the necessary amount to cover any overdraft in my savings account. Overdrafts in the savings account can happen if no funds are available to pay for the interests of the On Demand loan, I have with Cooperativa. An extra fee of \$3.00 will be added to the transaction to cover ACH charges.

I authorize, without previous notification and as provided by law, to debit any returned payments from my savings at Cooperativa or from any another account that I may have with Banco Popular de Puerto Rico. This will only be in the event of insufficient funds in the account shown above.

There will be a charge of \$10.00 for any returned debit. This transaction will be processed after receiving the rejection notice and on the day that is most convenient for Cooperativa.

Signature : _____

Date : _____

If you have any questions related to this Debit Authorization, please call (787) 977-2202 during business hours, send an email to servicio@cooprafaelcarrionjr.com or a note to mail code (908).

Authorized by : _____

Prepared by : _____

Date : _____