RECURRING ACH LOAN PAYMENT AUTHORIZATION

☐ **NEW** ☐ **REPLACEMENT** ☐ **CANCEL** ☐ **SKIP PAY**

MEMBER NAME:			
MEMBER NUMBER:			
LOAN SUFFIX:			
PAYMENT AMOUNT:			
PAYMENT DUE DATE:		**STARTING DATE:**	
ACCOUNT SUFFIX: **(FOR $10 - ONE TIME SET UP FEE, THE FUNDS MUST BE IN THE CU1 ACCT PRIOR TO SET UP)**			
SKIP PAY – SKIP DATE:		**RESTART PMT DATE:**	

FINANCIAL INSTITUTION INFORMATION:

BANK NAME:	
BANK ADDRESS (City, State and Zip):	
ABA/ROUTING TRANSIT #:	
ACCOUNT NUMBER:	
☐ **Checking** ☐ *** Savings** **(*Some financial institutions do not allow ACH debits from savings accounts)**	
AUTHORIZED ACCOUNT SIGNER NAME (Printed):	

This is to authorize Credit Union 1 to initiate debit entries, on a monthly basis, to my bank account at the financial institution as indicated above for the monthly loan payment amount and date as stated above (*the actual date the account is debited could vary by 1 to 2 business days depending on the month).* Credit Union 1 will add a returned payment fee for each payment a financial institution returns to Credit Union 1. If necessary, Credit Union 1 may initiate credit entries to adjust for any entries made in error. This recurring payment authorization is to remain in full force and effect until Credit Union 1 has received written notification of termination of this service in such time and in such manner as to afford Credit Union 1 a reasonable opportunity to act upon it.

AUTHORIZED ACCOUNT HOLDER SIGNATURE ***(Must be signed by the account holder of the Off us account that is being debited)*** **DATE**

I have read and understand above policy on cancellation and agree to all terms.

MEMBER SIGNATURE **DATE**

EMPLOYEE NAME:	BRANCH:	OP#:	SERVICE REQ #:
ACCOUNTING ONLY: DATE PROCESSED:		Fee Charged: ☐	OP#/INITIALS: