



ACH LOAN ORIGATION AUTHORIZATION FROM EXTERNAL FINANCIAL INSTITUTION

I, (print name) _____, hereby authorize Credit Union of the Rockies, hereinafter referred to as Credit Union, to initiate this DEBIT entry to withdrawal the amount specified from the account at the financial institution named below, hereinafter called FINANCIAL INSTITUTION, and CREDIT my Credit Union account as instructed. I acknowledge that the origination of ACH transactions involving my accounts must comply with the provisions of U.S. law.

☐ This is a MINIMUM MONTHLY PAYMENT REQUEST:

Date funds are to be withdrawn monthly from FINANCIAL INSTITUTION (M/D/Y): ____/____/____.

☐ This is for a specific MONTHLY PAYMENT REQUEST: \$_____.

Date funds are to be withdrawn monthly from FINANCIAL INSTITUTION (M/D/Y): ____/____/____.

☐ This is a PREVIOUS STATEMENT BALANCE PAYOFF FOR CREDIT CARDS ONLY REQUEST:

Date funds are to be withdrawn monthly from FINANCIAL INSTITUTION. **The date the funds will be pull out will always be on the 20th of each month. (This date cannot be changed)**

☐ This is a CANCELLATION REQUEST:

Date funds are to stop being withdrawn from FINANCIAL INSTITUTION (M/D/Y): ____/____/____.

This authorization is to remain in full force and effect until Credit Union has received written notification from me of its termination in such a time and manner, at least 5 business days prior to the transaction, as to afford Credit Union and FINANCIAL INSTITUTION a reasonable opportunity to act on the request.

FINANCIAL INSTITUTION FROM WHICH FUNDS ARE BEING WITHDRAWN:

FINANCIAL INSTITUTION NAME: _____

R&T _____ ACCOUNT NUMBER _____

ACCOUNT TYPE: ☐ CHECKING ☐ SAVINGS

NAME ON ACCOUNT: _____

MUST BE FILLED OUT BY MEMBER, STAFF CANNOT FILL THIS OUT ON BEHALF OF MEMBER TO SIGN.

CREDIT UNION ACCOUNT INFORMATION TO BE CREDITED

MEMBER NAME: _____

ACCOUNT NUMBER: _____ LOAN ID # _____

I hereby authorize the initiation of periodic deduction from my account at the financial institution named above through the Automated Clearing House (ACH) system and authorize said institution to debit my account for the amount at the frequency set forth above. I acknowledge that this request does not violate the provisions of the United States law as it applies to ACH transactions. I understand I have the right to stop this automatic payment by notifying Credit Union of the Rockies (CUR), in writing, of at least ten (10) business days prior to the day the payment is to run. I also authorize adjustment entries in the event of erroneous transactions on my account. I agree to hold CUR harmless for any expenses, including fees, incurred because of its inability to process a scheduled preauthorized withdrawal due to my having supplied incorrect information; its having acted on a stop payment order, closure of the account listed above; or there being insufficient funds in the account I have indicated. I understand that I may be charged a fee if the debit initiated to the above listed account is returned due to non-sufficient funds or for any other reason.

Member's Signature _____ Date: _____

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