

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS via ACH

Authorization to **debit** other financial institutions for loan payment at **SEG FCU**

Date of authorization _____

Frequency of transfer _____

Date of First Transfer _____

Amount \$ _____

Member # _____ Loan # _____

Please choose one: <input type="radio"/> New <i>(in addition to any current ACH Auth)</i> <input type="radio"/> Updated <i>(to change current ACH Auth)</i> <input type="radio"/> Cancel <i>(stop current ACH Auth)</i>

Other Financial Institution (Depository) Name _____

City: _____ State _____

Routing Number _____

Account Number _____ checking savings

I hereby authorize **SEG Federal Credit Union** to initiate a debit entry to my account indicated above at the other financial institution and to initiate a credit entry to the loan(s) indicated above at **SEG Federal Credit Union**. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Laws and regulations. I understand that should the regularly scheduled debit date fall on a weekend or Federal holiday, the debit shall occur on the following banking date.

If payments are returned unpaid a total of three (3) times this agreement may be terminated.

This authorization is to remain in full force and effect until **SEG FCU** has received **WRITTEN NOTIFICATION** from me of its termination, at least three (3) business days before the scheduled date of preauthorized electronic funds transfer as to afford SEG FCU and Depository a reasonable time to act upon it.

Print Name _____

Signature _____

Date _____

CANCELLATION SECTION:

I hereby notify **SEG Federal Credit Union** to cancel the transaction described above.

Member Signature _____ Date _____

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For ACH Dept use:
ACH entry input and verified by _____ Date _____