

DIRECT DEBIT FORM

Use this form for authorization, revocation or changing information of a direct debit.

I hereby authorize Chartway Federal Credit Union to initiate entries on my account at the financial institution indicated below. I acknowledge that the origination of direct debit (ACH) transactions on my account must comply with any and all rules governing such transactions. Please complete Sections A, B and C below:

SECTION A: Request Type (please check ONLY one)

I request a: New Authorization Revocation Change

SECTION B: Account Information

Financial Institution Name _____ Routing & Transit (ABA) Number _____

Type of Account: Checking Savings Account # _____

****IF CHECKING, PLEASE ATTACH A VOIDED CHECK TO THIS FORM****

SECTION C: Request Information Details

Debit Amount: \$ _____ Debit Frequency: Monthly Bi-weekly
 Weekly

Start Date (date of first): _____

Credit funds to my Chartway Loan Account # _____ - _____ **OR**

Shares Account # _____ - _____

If this debit is for a loan payment, I understand that it is my responsibility to notify the credit union to stop the debit once the loan is paid in full. All requests – New Authorization, Revocation or Change – must be provided at least five (5) BUSINESS DAYS prior to the next scheduled debit. If the loan is paid off and the credit union has not received instructions to stop the debit, I understand that the funds will be credited to my Prime Share account.

Member Name (print)

Member Signature

Chartway Account #

Date of Request

Contact Phone #

CHARTWAY[®]

FEDERAL CREDIT UNION



160 Newtown Road • Virginia Beach, VA 23462
(757) 552-1000 • (800) 678-8765
Fax: (757) 671-8705 • ATTN: ACH Department