

ACH DEBIT AUTHORIZATION / CHANGE / CANCELLATION AGREEMENT

Please fill out the form as completely and accurately as you can.
 Once completed, the form should be faxed to (757) 499-5380 or sent via email to ach@chartway.com.
 If you need assistance completing this form, please contact us at (800) 678-8765.

New Authorization	Change	Cancellation

TRANSFER TO CHARTWAY FEDERAL CREDIT UNION MEMBER INFORMATION

Legal Name on Account	
Member Account Number	
Account Type – Share or Loan ID	
Member Daytime Phone Number	

TRANSFER FROM EXTERNAL INSTITUTION INFORMATION/TRANSACTION DETAILS

Bank or CU Name		Legal Name on Account	
Routing Number		Dollar Amount	
Account Number		Date to Start	
Account Type			

Frequency: Monthly _____ Bi-weekly _____ Semi-monthly _____ (_____ and _____) (Example: 1st and 15th) Weekly _____

Weekly REQUEST TO CANCEL PAYMENT

Cancel all future transactions:	
Cancel payment for the transaction scheduled to occur on this date only:	

Please note: The Credit Union requires a signed Authorization Agreement five (5) business days prior to the first scheduled payment.

Terms and Conditions for Changes and Cancellations: This form must be received and acknowledged by the Credit Union at least five (5) business days prior to the next scheduled transaction. If The Credit Union is unable to fulfill your cancellation request, we will not be liable for any penalties or charges assessed at the above named Bank or Credit Union, including the amount of the ACH debit. If this cancellation request applies to a loan held at the Credit Union, you are still obligated to pay for the loan as agreed on your loan application and/or loan promissory note. You must continue to make the loan payment by other means until the debt has been repaid in full. All requests, changes, or cancellations must be provided at least five (5) business days prior to the next scheduled debit. I understand if the debit is scheduled to occur on a non-business day, the debit may occur the business days prior to ensure posting on the scheduled date.

I certify that I am an authorized signer or otherwise have authority to act on the account identified in this statement. I agree to the Terms and Conditions listed above. For new ACH authorizations, the Credit Union must have a signed form five (5) business days prior to the first scheduled payment. If not received in time, your payment will begin the following month.

Name (Print) _____ **Signature** _____ **Date** _____

A copy of a voided check or account statement may be required for verification purposes.
 Business accounts will be required to provide documentation, verifying that they are an authorized signer. Please also include a copy of a voided check.

For Credit Union Use Only

Form Completed By: _____ Branch _____ Date _____

ACH Department: Initials _____ Date _____

