



ACH DEBIT AUTHORIZATION / CHANGE / CANCELLATION AGREEMENT

To avoid delays, please complete and fill out as 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 LOAN OR SHARE INFORMATION

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

**TRANSFER INFORMATION FROM EXTERNAL INSTITUTION
 MUST BE PRIMARY OR JOINT ON THE CHARTWAY LOAN OR SHARE**

Legal or Business Name on External Account		If this is a personal account, I am an authorized signer? Y / N	
Bank or Credit Union Name		If this is a Business account, I am an authorized signer? (if applicable) Y / N	
ACH Routing Number		Monthly Payment Amount	
Account Number		Bi-weekly, Semi-monthly or Weekly Payment Amount (if applicable)	
Account Type Checking or Savings		Date to Start	

****A copy of a voided check is recommended for account validation to avoid errors and payment delays**.**

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

REQUEST TO CHANGE OR CANCEL PAYMENT

Change: <u>Bank Information</u> <input type="checkbox"/> <u>Amount</u> <input type="checkbox"/> <u>Frequency</u> <input type="checkbox"/> <u>Date to Start</u> <input type="checkbox"/>	
Cancel all future transactions to begin on this date:	
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 for new ACH authorizations. Your scheduled payment will begin the following month if not received in time.

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 accounts identified in this statement. I agree to the Terms and Conditions listed above.

Name (Print) _____ Signature _____ Date _____

For Credit Union Use Only

Form Completed By: _____ Branch _____ Date _____

ACH Department: Initials _____ New _____ Change _____ Cancellation _____ Date _____