

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 CHA	RTWA	/ FEDERAL CR	EDIT UNION	MEME	3ER L	.OA	N OR SH	\RE Ι	INFOR	MATION	
Member Name on Account											
Member Number											
Account Type – Share or Loan ID											
Member Daytime Phone Number											
		FER INFORMAT IMARY OR JOIN							E		
Legal or Business Name on External Account				aι	thorize	ed si	rsonal acco gner? Y / N				
Bank or Credit Union Name				aι			siness acco gner? (if ap				
ACH Routing Number				M	Monthly Payment Amount						
Account Number					Bi-weekly, Semi-monthly or We Payment Amount (if applicable						
Account Type Checking or Savings		Date to					to Start				
		EQUEST TO CH	IANGE OR C	ANCE	L PA	YME	NT				
Cha	ange: <u>Ba</u>	ank Information	<u>Amount</u>	Frequ	<u>iency</u>		Date to Sta	<u>rt</u>			
Cancel all future transactions to b	egin on	this date:									
Cancel payment for the transaction scheduled to occur on this date only:											
Please note: The Credit Union payment for new ACH authorizated and Conditions for Changes business days prior to the next scheany penalties or charges assessed request applies to a loan held at the promissory note. You must continue cancellations must be provided at least on a non-business day, the debit made on a continue to the Terms and Condition Name (Print)	and Can and Can and duled tra at the ab Credit L to make ast five ay occur gner or ans lister	four scheduled p acellations: This form ansaction. If The Cr sove named Bank of Union, you are still of the loan payment (5) business days p the business days p otherwise have aud above.	m must be received to Union is ure redit Union is ure redit Union, obligated to pay by other means orior to the next prior to ensure	egin the lived and nable to including for the list until the schedul posting on the a	e follo I ackno fulfill yo g the a oan as e debt ed deb on the	owing our comounts agree has has hit. I use sche	g month if dged by the cancellation int of the AC eed on your been repaid understand i eduled date.	not re Credit reques H deb loan a in full f the d	Union a st, we wi it. If this application. All requestions s debit is s	It least five (5) It least fiv	
For Credit Union Use Only Form Completed By:			_ Branch	n			Date				
ACH Department: Initials N		Change	H - C	D-4	_						