

ACH DEBIT AUTHORIZATION/CHANGE/CANCELLATION AGREEMENT

New Authorization	Change	Cancellation

Member Name	
Member Account Number	
Account Type	
Member Daytime Phone Number	

EXTERNAL INSTITUTION INFORMATION/TRANSACTION DETAILS

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

REQUEST TO STOP PAYMENT

Cancel all Future Transactions:	
Stop Payment for the transaction scheduled to occur on this date only:	
Stop Payment for the transaction up to <u>and including</u> this date:	

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 ten business days prior to the next scheduled transaction. A fee will apply for each stop or cancellation request. All fees will be assessed in accordance with the Credit Union's fee schedule. If The Credit Union is unable to accommodate your stop payment 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 stop payment request applies to a loan held at The Credit Union, you are still obligated to pay for the loan as agreed to in your loan application and loan promissory note. You must continue to make the loan payment by other means until the debt has been repaid in full. 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 – change or cancellation 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. I also understand if the debit is scheduled to occur on a non-business day, the debit may occur the business day prior to ensure posting on the scheduled date.

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 ACH Origination Cancellation. Please stop payment for ACH transactions originated through The Credit Union using the instructions provided above. New ACH authorizations, the Credit Union must have a signed form 5 business days prior to the first scheduled payment

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

Please attach a voided check, loan payment coupon, or account statement for verification purposes.

For Credit Union Use Only

Form completed by: _____ Branch _____ Date _____

ACH Department: Initials _____ Date _____
