



Authorization Agreement for Preauthorized (Incoming) ACH Loan Payments

As a convenience to me, I hereby request and authorize Heritage Community Credit Union (“HCCU”) to initiate ACH debit (withdrawal) entries, for the amount and frequency indicated below, from my account at the Depository Institution indicated below, in order to establish automatic transfer of funds and, if necessary, adjustments for any entries in error to my HCCU account, as indicated below. I also authorize the Depository Institution indicated below to withdraw the same from such accounts.

Check the applicable boxes below; then complete entire form. Please print legibly.

New Cancel, or Change: Financial Institution Information Amount per month Effective Month Monthly Transfer Date

Where Is the Payment Coming From?		
NOTE: Third-party transfers (from a party who is not on your HCCU Loan Account) are not allowed.		
Financial Institution Name <u>and</u> Telephone Number		
Routing/ABA Number	Account No.	
From: <input type="checkbox"/> Checking , attach a voided check from your account <input type="checkbox"/> Savings , attach a bank statement or deposit slip from your account <i>(See important information on the reverse side of this form)</i>		
Amount of Debit \$	Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> One Time Payment	Date of Next Debit
Where Shall We Credit the Payment?		
<i>Please credit the ACH debit from my account indicated above to my HCCU Loan Account as indicated below:</i>		
Name on Loan Account <u>and</u> Loan Account No.		
Name on Loan Account <u>and</u> Loan Account No.		

I understand and agree that HCCU’s rights in respect to each ACH debit shall be the same as if it were a draft/check drawn on HCCU and signed personally by me, and I agree that HCCU shall be fully protected in honoring any such ACH debit. This Authorization Agreement shall remain in full force and effect until HCCU has received written notification from me of its termination in such a time and manner as to afford HCCU a reasonable time to act upon it. This Authorization Agreement is subject to HCCU’s Electronic Services Disclosure and Agreement, which is incorporated by this reference and receipt of which is hereby acknowledged. I also understand that I have the right to stop automatic payments by notifying HCCU in writing at least three (3) days prior to the time my account is to be charged. I authorize adjustment entries in the event of erroneous transactions on my account. I acknowledge that the origination of ACH transactions on my accounts must comply with the provisions of U.S. law.

If the date of debit falls on a weekend or holiday, the debit will take place on the following business day. **I further agree that if any such ACH debit is dishonored, whether with or without cause and whether intentionally or inadvertently, HCCU shall have no liability whatsoever even though such dishonor results in the forfeiture of service or product.**

I understand that I am in full control of my transfer and, if at any time I decide to make a change, I will do so by completing a new Authorization Agreement.

Member Name (please print)

Member Signature

Date

Please attach your voided check to the authorization form and submit to your branch.

For your reference, a copy of a voided check is shown below. It indicates where to locate your financial institution's Routing/ABA and account number.

John Q. Member 1234 Boomtown Anytown, USA 00000		1045
		Date
Pay To The Order Of	VOID	\$ VOID Dollars
Anywhere Bank Address City, State, Zip		
Memo	VOID	Non-Negotiable
(1) 1:13340456 (2) 1:1234561304 (3) 1045		

- 1) Routing/ABA Number (Required 9 digits)
- 2) Financial Institutions Account Number
- 3) Check Number (Do Not Use)

For accounts other than checking, please refer to your financial institution (Depository Institution) for Routing/ABA number and savings account number.

Internal Use Only

Processed By: _____ Teller Number: _____ Date Processed: _____