



Authorization Agreement for Direct Payment (ACH Debits)

Please attach a voided check and complete the following:

I hereby authorize Ashland Credit Union (ACU) to initiate debit entries to my account indicated below at the depository financial institution named below and to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Financial Institution Name _____ Phone Number _____

City _____ State _____ Zip _____

Please check one:

Routing Number: _____ Account Number _____ Savings Checking

Initial Instructions

Please Transfer \$ _____ from my account indicated above using the following frequency:

Monthly Semi-Monthly (14th & 28th only) Bi-Weekly Weekly

Beginning Date _____

This authorization is (check one):

New Change Cancel

Please distribute the funds among my accounts as follows:

Account Suffix (i.e. S1, L1, L1.2)	Amount	Scheduled Loan Payoff Date

This authorization will remain in effect until I submit a new authorization form to ACU or cancel this authorization. Notification of changes or cancellation must be received in writing by ACU no later than 5 business days prior to the day transfer is to occur. My signature below acknowledges that I have received a disclosure and agreement regarding the terms and conditions governing Credit Union electronic services and agree that ACH transactions authorized herein shall comply with Regulation E and the NACHA Operating Rules and the laws of the United States. Any transaction returned from your depository financial institution may be assessed a \$20.00 fee.

Name(s) _____ (Please Print) Member Number _____

Authorized Signature _____ Date _____

Please mail or fax completed form to: Ashland Credit Union – PO Box 391 – Ashland, KY 41105 Fax: 606-329-5413 For questions concerning your ACH request, phone: 606-329-5423 or 800-245-8112

FOR OFFICE USE ONLY

End Date of Origination _____ Loan Officer _____