ACH Automatic Debit Authorization Form

Please complete this form using a blue or black ink pen and return it to Member One FCU.

Member One Account Information

Authorization status: ☐ new ☐ amended	
Member One loan account number:	
Member One member number:	
First name:	Last name:
Phone number:	Email address:

Other Financial Institution Information

Financial institution name:	
Routing number:	
Account number:	
First name:	Last name:
Account type: ☐ Savings *(attach voided deposit ticket)* Debit amount: $_____ ☐ Checking *(attach voided check)* Debit amount: $_____	Debit frequency: ☐ Monthly ☐ Every two weeks ☐ 15th and last day of month ☐ Weekly Beginning Date: _____/_____/_____

Authorization

I/we hereby authorize and request Member One Federal Credit Union (FCU) to initiate electronic debit entries or effect a charge by any other commercially accepted practice to my/our account, indicated above, in the OTHER FINANCIAL INSTITUTION named above under, "**Financial institution name**," and I/we authorize and request the OTHER FINANCIAL INSTITUTION to honor the debit entries initiated by Member One FCU and debit the same to the account named above under, "**Account number**" (other financial institution). This authority pertains to my/our Member One FCU account number and the schedule of payments described in the related contract. This authority is to remain in full force and effect until the schedule of payments is completed or until Member One FCU has received written notification from me/us of its termination in such time and manner as to afford Member One FCU a reasonable opportunity to act on my/our notification. I/we acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. law and ACH Rules and Regulations. I/we acknowledge that the credit union is not responsible for transfers or payments that do not occur due to non-sufficient funds (NSF). I/we acknowledge that the credit union will attempt to process the withdrawal once. If the attempt is returned as NSF, the credit union will reverse the transaction but the transfer record will remain and the credit union will attempt the withdrawal as scheduled the following month. After three NSF returns, this ACH Automatic Debit will be canceled.

IMPORTANT: If a payment is due on a weekend or holiday, Member One FCU will initiate a debit entry and credit your Member One FCU account on the next business day.

_____ _____ _____/_____/_____

Print name *Signature* *Date*

OFFICIAL USE ONLY

RECEIVED			
Branch #:	Operator #:	Date:	
PRODUCTS & SERVICES			
Date entered:	Operator #:	Date entered:	Operator #: