

Authorization Form for Direct Payment (ACH Debit) To a Loan

Authorization Agreement

I hereby authorize Total Community Credit Union (TCCU) to initiate an automatic debit to my account at the financial institution named below for payment on my loan with TCCU as noted below.

Further, I agree not to hold TCCU responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution. I also understand that if the authorized debit is returned to TCCU for any reason, the applicable NSF fee will be assessed against my TCCU account in accordance with the fee schedule in effect at that time.

Recurring entries will remain in effect until TCCU receives a written notice of cancellation from me or my financial institution.

Financial Institution Information

Financial Institution: _____
Routing #: _____
Account #: _____ Checking Savings
Transfer Amount: _____
Date of Transaction: _____ One-time Recurring
Day of month for recurring Transactions: 15th of month 30th of month

TCCU Account Information

Member Name: _____
Account #: _____ Loan suffix: _____

Signature

Authorized Signature: _____ Date: _____

For Cancellation of an ACH Origination:

I, _____, wish to cancel the above ACH origination authorization as of _____. I understand that this cancellation notice must be given at least 5 days prior to the scheduled transaction date.

Signature: _____ Date: _____