



Automatic Payment Authorization

I hereby authorize Altier Credit Union (ACU) to initiate or revoke an ACH credit/debit entry to/from my account as indicated below. I agree to have the available funds in my account on the designated date of the transfer. I acknowledge that ACH transactions to/from my account must comply with the provisions of U.S. laws and standard ACH guidelines. I acknowledge the ACH transaction limit is \$1,500.

Recurring authorizations are to remain in full effect until ACU has received written notification from me, at least three (3) business days prior to proposed effective date of the termination of authorization.

Account Number: _____

Member Name: _____

I request to set up the following ACH service for my account:

One Time Entry - This ACH will only occur once, as specified.

ACH Date: _____ Amount \$ _____

Recurring Entry - This ACH will be recurring until I notify ACU in writing.

ACH Date: _____ Amount \$ _____

Frequency

Monthly

Bi-weekly (every two weeks)

Weekly

Semi-monthly (twice per month)

Revoke ACH Payment Authorization - I request to revoke the ACH payment that I previously authorized.

The next scheduled date for the payment/transfer I request to revoke is: _____

Origination Amount \$ _____

Frequency

Monthly

Bi-weekly (every two weeks)

Weekly

Semi-monthly (twice per month)

ACH Credit Information

Financial Institution Name

Routing Number

Account Number

Account Type

Savings

Checking

Loan _____

ACH Debit Information

Financial Institution Name

Routing Number

Account Number

Account Type

Savings

Checking

Loan _____

Member Signature: _____

Date: _____

Employee Name

Branch/Department

Date