



Automatic Payment Authorization Agreement Direct Payments - ACH Credit and Debit

I hereby authorize Altier Credit Union to initiate or revoke an ACH credit/debit entry to/from my designated financial institution as I have indicated below. I acknowledge that ACH transactions to/from my account must comply with the provisions of US Laws and standard ACH guidelines.

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

Altier CU Account Number: _____ Altier CU Account Name: _____

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

One Time Entry - You request Altier CU to send an ACH to/from your financial institution in the amount specified and date indicated below. This ACH will only occur once, as specified.

ACH Date: _____ Amount \$ _____ **Script Read**

Recurring Entry - You request Altier CU to send or receive a specific dollar amount to/from your other financial institution at a particular frequency, beginning on the ACH date indicated below. This ACH will continue to recur until you notify us in writing to revoke it.

ACH Date: _____ Amount \$ _____ Frequency: _____
(Weekly, Bi-weekly, Monthly)

Revoke ACH Payment Authorization - You request to revoke the ACH payment that you previously authorized Altier CU.

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

Origination Amount \$ _____ Frequency: _____

ACH Credit Information (Debit Altier CU – funds sent to another F.I.)

Financial Institution Name _____ Routing Number _____

Account Number _____ Account Type (Savings/Checking/Loan) _____

ACH Debit Information (Credit Altier CU – funds received from another F.I.)

Financial Institution Name _____ Routing Number _____

Account Number _____ Account Type (Savings/Checking) _____

Signature: _____ Date: _____

Employee Name _____ Branch/Department _____ Date _____

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