

PO Box 30831 Los Angeles, CA 90030-0831 (800) 222-1226 FAFCU.org

## FOR CREDIT UNION USE ONLY

# ACH AUTHORIZATION FORM

Authorized by: \_\_\_\_\_ Date: Verified by: Date:

#### Consumer authorization for direct payment via ACH

- Please contact the financial institution with which you are sending or receiving funds to obtain the correct information.
- Any incorrect or missing information may delay the processing of this form.

### Member Information

| Member Name (First, MI, Last)   |                   | Account Number   |                          |
|---|-------------------|--|--------------------------|
|   |                   |  |                          |
| Daytime Phone Number  |                   | Email Address  |                          |
|   |                   |  |                          |
| Street Address  |                   | City, State, Zip Code  |                          |
|   |                   |  |                          |
| Start New Change Existing   | g 🔲 Cancel        |  |                          |
| Withdraw and send funds* from my F&   | &A Credit Union a | ccount to another financial institution:                       |                          |
| Savings   | Checking_         |  |                          |
| * When sending funds, if the specified date falls on a<br>business days to be posted by the receiving financial |                   | account will be debited on the following business day. Funds i | may take up to three (3) |
| Receive funds for credit to my F&A Credit Union account:  |                   |  |                          |
| Savings   | Checking          | Loan   |                          |
| -   | -                 |  |                          |
| ACH Action & Financial Institution Inf  | ormation          |  |                          |
| Name of Other Financial Institution   |                   | Contact Phone Number   |                          |
|   |                   |  |                          |
| Nine-Digit Routing Number   |                   | Account Number   | Savings                  |
| Account Owner Name  |                   | Frequency  |                          |
| Start Date  |                   | Amount   |                          |
|   |                   |  |                          |

#### Authorization

I authorize F&A Credit Union to initiate this electronic transaction from/to my account on which I am a primary or joint owner. I understand that I can only send funds to a checking or savings account; mortgage, credit card or other loan accounts are excluded. I acknowledge that the origination of ACH transactions to my account must comply with U.S. law. I understand that I have the right to stop a single automatic payment or cancel the ACH agreement by notifying the Credit Union three days prior to the date the scheduled transaction is to take place. I authorize adjustment entries in the event of erroneous transactions on my account. For savings, checking, or active credit line, this authorization is to remain in full force and effect until F&A Credit Union has received written termination notification with a reasonable opportunity for the Credit Union to act on it. For a loan payment, excluding an active credit line, this authorization expires automatically when the loan is paid in full, with any excess funds to be deposited into my Ownership Account.

Member Signature (required)