

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 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)