



ACH Authorization Form

Borrower: _____

Account Number: _____

I authorize Winthrop Area Federal Credit Union to transfer my loan payment as an ACH Transaction and agree/acknowledge that the origination ACH transactions must comply with the provisions of U.S. Law.

Institution Name _____

Routing Number _____

Account Number _____

Savings

Checking

Name on the Account _____

One time

Semi Monthly

Reoccurring Bi-Weekly

Reoccurring Monthly

Reoccurring Weekly

ACH Amount \$ _____

Payment Date _____

Next Date _____

Day 1 _____

Day 2 _____

Members Signature: _____

Date: _____

FM: _____ Stop recurring pmt: _____

Reviewed: _____