



# 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. This authorization will be in full force until the credit union has received written notice from me of my intent to terminate this authorization, and the credit union has had a reasonable amount of time to act on that termination.

Institution Name \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_  Savings  Checking

Name on the Account \_\_\_\_\_

One time  Semi Monthly  Recurring Bi-Weekly

Recurring Monthly  Recurring Weekly

ACH Amount \$ \_\_\_\_\_

Payment Due Date \_\_\_\_\_

1<sup>st</sup> Transfer Date (next date) \_\_\_\_\_

Day 1 \_\_\_\_ (monthly/semi-monthly)

Day 2 \_\_\_\_ (semi-monthly)

Members Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Office use only:

FM: \_\_\_\_\_ Stop recurring pmt: \_\_\_\_\_

Reviewed: \_\_\_\_\_