Community First Credit Union

ACH Authorization Agreement

☐ New   ☐ Cancellation   ☐ Update: _____

Member Information

Member Name

Member Number	**Loan Note Number**

I (we) hereby authorize Community First Credit Union, hereinafter called Credit Union, to initiate preauthorized payment entries to my/our account as indicated below. I (we) additionally authorize the credit union and depository financial institution listed below to initiate debit and adjustment entries for any debits or credits made in error. I (we) acknowledge that the origination of ACH entries to my (our) account must comply with the provisions of U.S. law and that the Credit Union does not originate International ACH Transactions (IAT). I (we) further acknowledge that initial originating entries and changes to existing entries require a **10-day advance notice**.

Other Institution Information

Financial Institution Name	**Routing & Transit / ABA #**

Account Number at Institution	**Withdrawal From** (check only one box)	**Transaction Amount**	**First Date To Be Withdrawn From Financial Institution**
	☐ Checking ☐ Savings	$	_____/_____/_____

(check only one box)
Frequency (How Often): ☐ One-Time Request   ☐ Monthly   ☐ Weekly –_____   ☐ Biweekly – _____

Weekday   Weekday

☐ Semi-monthly– Specify 1st date _____/_____/_____ Specify 2nd date _____/_____/_____

Authorization

This authorization is to remain in full force and effect until the Credit Union has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Credit Union and depository a reasonable opportunity to act on it. I am aware, that I must notify the Credit Union of any changes or any termination of preauthorized payment in writing. The Credit Union reserves the right to cancel this agreement at any time.

X _____   _____

Member Signature   Date

Cancellation/Termination

REQUIRES A 10-DAY ADVANCE NOTICE

I wish to cancel this authorization effective: _____/_____/_____.

X _____   _____

Member Signature   Date