

ACH AUTHORIZATION FOR DIRECT PAYMENT OR DEPOSIT FROM MY ACCLAIM FCU ACCOUNT VIA ACH (ACH CREDIT)

Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment.

I (we) understand that this authorization will remain in full force and effect until I (we) notify **Acclaim FCU** by phone, email, fax or by secure message through Acclaim FCU Home Banking at least 2 business days prior to the Date of Deposit to stop this draft. I (we) understand that if I (we) do not notify Acclaim FCU in a timely manner, that Acclaim FCU may not be able to stop this draft. I (we) understand and agree that ACH transactions from my (our) account must comply with all applicable U.S. laws.

I (we) authorize **Acclaim FCU** to electronically debit my (our) Acclaim FCU account as indicated and deposit funds into the Financial Institution listed below (and, if necessary, electronically debit my (our) account to correct erroneous credits) as follows:

Debit my Acclaim FCU Account as follows:

Member Name: _____

Member Number: _____

Debit Account Type Savings Account Checking Account

Amount to be sent to other Financial Institution*: \$ _____

**For One-time Credit, a \$5 Processing fee will be withdrawn from your Acclaim FCU account, please do not include \$5 fee in amount to be sent.*

Credit the Following Financial Institution:

Name on the Account to receive the Credit: _____

Name of the Financial Institution: _____

Routing Number _____ **Account Number** _____

Account Type to be Credited Savings Account Checking Account

Effective Date of Credit** _____

Type of Credit One-Time Same Day** (must be received before 4:00 pm EST)

One-Time on Effective Date**

Recurring **Weekly** _____

OR Bi-Weekly Day of Week _____

OR Monthly Day of Month _____

OR Semi-Monthly 1st Day _____ AND 2nd Day of Month _____

***If Authorization is received after 4:00 pm EST, the date of debit will occur the next business day even if the effective date is the same day.*

Date _____ Signature _____

FOR ACCLAIM FCU USE ONLY:

2/23/2021 12:47:57 PM

Date Received/Spoke with Member: _____ Date form sent to Member: _____

Note _____ CU Waived Fee Initials: _____

Acclaim Employee Initials Sending/Receiving Information: _____

Accounting Department:

Information Received By: _____