

ACCLAIM FCU ACH AUTHORIZATION FOR DIRECT PAYMENT OR DEPOSIT VIA ACH (ACH DEBITS)

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 Debit to stop this draft. I (we) understand that if 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 to my (our) account must comply with all applicable U.S. laws.

I (we) authorize **Acclaim FCU** to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) as follows:

Name on Account to be Debited _____

Bank/Credit Union Name _____

Routing Number _____ Account Number _____

Debit Account Type Savings Account Checking Account

Payment Amount \$ _____ One-Time Fee* \$ _____ Total Debit Amount* \$ _____

Effective Date of Debit** _____

Type of Debit 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 _____

**For One-time Credit, a \$5.00 Processing fee will be included in the total amount debited unless waived by CU Employee.*

***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.*

I (we) authorize **Acclaim FCU** to distribute the above ACH Debit in the following manner:

Member # _____ Account Type _____ Loan/Sub # _____ Payment Amount \$ _____

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Member # _____ Account Type _____ Loan/Sub # _____ Payment Amount \$ _____

Printed Name(s) _____

Date _____ Signature _____

(If Applicable – One Time ACH Debit does not require a signature)

FOR ACCLAIM FCU USE ONLY:

2/23/2021 1:59:27 PM

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

Note _____ Loan Payment Date: _____ CU Waived Fee Initials: _____

Acclaim Employee Initials Sending/Receiving Information: _____

Accounting Department:

Information Received By: _____