AMERICA FIRST CREDIT UNION

Reset Form

AUTHORIZATION AGREEMENT TO DEBIT OTHER FINANCIAL INSTITUTION

☐ New Transfer ☐ Cancel Transfer ☐ Change

REFER TO FORM #191 FOR ONE TIME TRANSFERS

WITHDRAW FUNDS FROM:

Financial Institution: _____

Routing (ABA) Number (9 digits): ___ ___ ___ ___ ___ ___ ___ ___ ___

Account Holder: _____ Account Number _____

Debit the: ☐ Savings Account ☐ Checking Account

TRANSFER INFORMATION:

Transfer Amount: $_____ (Limit of $2,500)

☐ Weekly Effective Date: _____

☐ Bi-Weekly Effective Date: _____

☐ Monthly Date(s): _____ Starting in: _____

Stop Date (if applicable): _____

NOTE: WHEN THE DATE SELECTED FALLS ON A WEEKEND OR HOLIDAY, THE TRANSFER WILL BE MADE ON THE NEXT BUSINESS DAY

DEPOSIT FUNDS TO:

Financial Institution: America First Credit Union

Routing (ABA) Number (9 digits): 3 2 4 3 7 7 5 1 6

AFCU Account Holder: _____ AFCU Account Number: _____

Credit the: ☐ Savings Account ☐ Checking Account ☐ *Loan Number _____

***PLEASE VERIFY THAT YOUR OTHER FINANCIAL INSTITUTION WILL ACCEPT ELECTRONIC LOAN PAYMENTS BEFORE SUBMITTING THIS FORM**

CHANGE TO CURRENT TRANSFER:

☐ Increase ☐ Decrease Current transfer amount from $_____ to $_____

Change transfer date from: _____ to _____

Comments: _____

NOTE: IF YOU NEED TO CHANGE THE INFORMATION ON THE FINANCIAL INSTITUTION, PLEASE CANCEL THE CURRENT TRANSFER AND COMPLETE A NEW FORM

I (we) AFCU Members hereby authorize America First Credit Union to initiate debit entries to my (our) account indicated above at the financial institution named above. I (we) AFCU Members acknowledge that the origination of ACH transactions to my (our) account must comply with provision of U.S. law. This authorization is to remain in full force and effect until America First 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 America First Credit Union and the other financial institution a reasonable opportunity to act on it.

_____ _____

Signature Date

_____ _____ (_____) _____-_____

Branch/Seat Number Teller Number/Agent Initials Member Contact Number

MBACO