



# COMMUNITY FINANCIAL Credit Union

## Authorization Agreement for Preauthorized ACH Transfers or Loan Payments

I authorize Community Financial Credit Union to initiate ACH entries to my account indicated below and submit the offsetting entry to the account at another financial institution listed below. I further authorize Community Financial to perform any necessary correction entries, as needed.

All fields must be completed.

Share to Share Transfer     Loan Payment (To be used only for loans held by Community Financial)

*\*FOR PAYMENTS TO MORTGAGES, ACH DEPOSIT MUST BE MADE TO A SHARE AND AN AUTOMATIC TRANSFER MUST BE CREATED\**

### COMMUNITY FINANCIAL ACCOUNT INFORMATION    Debit    Credit

Member Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ Suffix: \_\_\_\_\_

### FINANCIAL INSTITUTION ACCOUNT INFORMATION    Debit    Credit

*\*If credit is to other Financial Institution, proof of ownership is required, i.e. voided check or copy of account statement\**

Financial Institution Name: \_\_\_\_\_

ABA / Routing & Transit Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Type:     Checking     Savings

### PAYMENT/TRANSFER INSTRUCTIONS

Payment/Transfer Frequency:     Monthly     Bi-Weekly     Weekly     Single

Payment/Transfer Amount: \$ 0.00

First Payment/Transfer Date: --/-- (allow 5 business days for set up before first payment)

**TRANSACTION WILL POST ON THE SPECIFIED DAY OF THE MONTH, WITH THE EXCEPTION OF THE DATE FALLING ON A NON-BUSINESS DAY, SUCH AS A WEEKEND OR HOLIDAY, IN WHICH CASE IT WILL POST ON THE FOLLOWING BUSINESS DAY.**

- I understand and agree that if my account at the other financial institution does not have sufficient funds to make the withdrawal, Community Financial will not be responsible or liable for any penalties or charges assessed as a result of such insufficiency.
- Community Financial may attempt to withdraw the funds via ACH a total of three (3) times.
- If attempts to withdraw are unsuccessful, I understand that I must make my loan payment by other means.
- I understand that Community Financial will assess a fee to my account with Community Financial or the other financial institution for returned items in accordance with Community Financial's fee schedule or account agreements.
- This authority is to remain in full force and effect until Community Financial has received written notification from me (or another account signer) of its termination at least ten (10) business days before the scheduled transfer is to take place.
- Community Financial reserves the right to terminate this authorization agreement for cause.
- I/We agree to abide by the laws of the United States.

MEMBER SIGNATURE: \_\_\_\_\_ DATE: --/--

### OFFICE USE ONLY

RECEIVED BY: \_\_\_\_\_ USER NUMBER: \_\_\_\_\_ DATE: --/--

CENTRALIZED SERVICES: \_\_\_\_\_ DATE: --/--