



Authorization Agreement for Preauthorized ACH 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

Financial Institution Name: _____

ABA / Routing & Transit Number: _____

Account Owner: _____

Account Number: _____

Account Type: Personal Business Checking Savings

PAYMENT/TRANSFER INSTRUCTIONS

Payment/Transfer Frequency: Monthly Bi-Weekly Weekly Single

Payment/Transfer Amount: \$ _____

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 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 are the authorized signer(s) on the above listed accounts
- Applies to Loan Payment Only**-If final payment is less than the authorized amount, Community Financial will pull final payment at the lesser amount.

SIGNATURE: _____ DATE: _____

Phone Number for Call Back Purposes: _____

OFFICE USE ONLY

RECEIVED BY: _____ USER NUMBER: _____ DATE: _____

EFS: _____ DATE: _____