



## Authorization for Direct Payment via ACH

Name:  Date:

Address:  Member # \_\_\_\_\_

Phone: Primary 1:  Primary 2:  Primary 3:

I hereby authorize Securityplus Federal Credit Union (Securityplus) to electronically initiate debit transactions to my account from the financial institutions listed below, and if necessary, initiate adjustments for any transactions processed in error. I acknowledge that the origination of an ACH transaction to my account must comply with the provisions of the U.S. law, and that such transactions are limited only to transactions with domestic institutions.

**I would like to take funds from my (type of account):** Checking  Savings  Money Market  or Other: \_\_\_\_\_

**at the following institution:** Name: \_\_\_\_\_

Routing/ABA #:  Account #: \_\_\_\_\_ starting on (date) \_\_\_\_\_

**Please apply the funds to my Securityplus accounts in the following manner:**

Loan #1	Loan #2
Loan Account #: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Loan Account #: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Scheduled Payment: <input type="text"/> or \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	Scheduled Payment: <input type="text"/> or \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00
Due Date _____ (day of month)	Due Date _____ (day of month)
<b>Frequency:</b> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> <b>Semi-monthly:</b> 1 <sup>st</sup> & 15 <sup>th</sup> : <input type="text"/> or <input type="text"/> 16 <sup>th</sup> & end of month <input type="text"/>	<b>Frequency:</b> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> <b>Semi-monthly:</b> 1 <sup>st</sup> & 15 <sup>th</sup> : <input type="text"/> or <input type="text"/> 16 <sup>th</sup> & end of month <input type="text"/>

I understand that this authorization will remain in effect until I notify Securityplus in writing at least ten (10) business days in advance of my next transaction that I wish to rescind this authorization for future transactions. A charge of \$30.00 will be assessed to my Securityplus account for each item that is return unpaid. I further understand that Securityplus will initiate the transfer of funds from the non-Securityplus account noted above two (2) business days prior to the due date noted above and should the transfer date fall on a weekend or holiday, it will take place on the prior business day.

Member Signature:  Date:

Please attach a voided check or a written statement from your other institution verifying the account number and Routing/ABA #.

For Securityplus Personnel Use Only

Type of Request: New  Cancel  Change

Employee Completing Request: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Entering Request: \_\_\_\_\_ Date: \_\_\_\_\_

OFAC Verification done by: \_\_\_\_\_ Date: \_\_\_\_\_