

# ELECTRONIC FUNDS TRANSFER AUTHORIZATION



New EFT                       Change EFT                       Cancel EFT

Yes, I would like to take advantage of the security and convenience of electronic funds transfer. As a duly authorized signer on the financial account identified below, I authorize Express Credit Union (ECU) to perform:

<input type="checkbox"/> Debit <input type="checkbox"/> Credit	ECU Account No: _____	Account Type: <input type="checkbox"/> Loan    Suffix: _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings
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_____ Single	Date of transaction: _____      Amount: _____
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_____ Recurring	Date transaction to begin: _____      Amount: _____ Frequency: <input type="checkbox"/> Monthly (indicate date 1 <sup>st</sup> -28 <sup>th</sup> or last day of month) _____ <input type="checkbox"/> Semi-Monthly, every 15 days (indicate dates) _____ & _____ <input type="checkbox"/> Bi-weekly, every two weeks (indicate day)    M    T    W    TH    F <input type="checkbox"/> Weekly (indicate day)    M    T    W    TH    F
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Please <b>CANCEL</b> the EFT from: _____ for _____ to ECU _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Financial Institution Name</span> <span>Dollar Amount</span> <span>Account Number</span> </div>			
Sign: _____	Print Name: _____	Date: _____	

**Financial Institution account "identifying information":**

Enter financial institution account information in the fields provided below or attach a blank VOID check.

<input type="checkbox"/> Debit <input type="checkbox"/> Credit	Name of Other Financial Institution: _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Complete or attach a Blank VOID Check	Routing #: _____	Acct No: _____

**I (we) hereby authorize EXPRESS CREDIT UNION to initiate credit/debit entries to my (our) account indicated below. For accounting purposes, all electronic credits/debits will be reflected on the monthly bank statement that corresponds with the financial institution account identified below. I make this authorization subject to the following conditions:**

- A. Transactions will be made based upon the nine-digit routing and transit (R&T) number provided by me to Express Credit Union with a voided check from the account listed above.
- B. I (we) are account owner(s) on both accounts.
- C. I have the right to terminate/change this authorization at any time by notifying Express CU in writing at least five (5) business days prior to the transaction date. I acknowledge an ACH Change fee may be applied if I request to hold payment and resubmit another date.
- D. Express Credit Union, after three (3) consecutive months of failure of the transaction processing, may opt to terminate this authorization.
- E. Two (2) attempts per month to obtain funds for loan payment will be made. I am responsible to make other payment arrangements should the account have insufficient funds.
- F. When the transaction date falls on a weekend or holiday, the transaction will be done the next business day.
- G. Payments returned to ECU are subject to current ECU NSF fees as disclosed in the fee schedule.
- H. ACH payments are processed monthly regardless of another payment being made. If you make a payment and do not want ACH payment to go through, you MUST notify us in writing to stop ACH payment within two (2) business days prior to payment.

I understand and authorize all of the above.

AUTHORIZED SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**FOR ECU USE ONLY**

Received from member by:	Date Received:
Entered in Catalyst ACH by:	Date Entered: