

# ACH RECURRING LOAN PAYMENT AUTHORIZATION FORM

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

### EXTERNAL FINANCIAL INSTITUTION INFORMATION

Account Type:       Checking       Savings

Name on Account: \_\_\_\_\_

Bank Name: \_\_\_\_\_

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

Bank Routing Number: \_\_\_\_\_

Bank City: \_\_\_\_\_

Bank State: \_\_\_\_\_



**New**       **Change**       **Delete\***

\*Delete requests CAN use Commercially Accepted Identification Procedures.

**PLEASE NOTE:** By authorizing this transaction, you are confirming that **you are legally authorized** to execute transactions on the designated account **at the other financial institution**.

### IMPORTANT DATES

Monthly payment date:       1<sup>st</sup>      Date to start charging above account: \_\_\_\_\_  
 15<sup>th</sup>  
 Other: \_\_\_\_\_

### AMPLIFY CREDIT UNION INFORMATION

Name on Loan: \_\_\_\_\_

Loan Number: \_\_\_\_\_

I authorize Amplify Credit Union to charge my external bank account indicated above in the section titled *External Financial Institution Information*. Additionally, authorization is provided to initiate adjustments for any transactions which may not fulfill my monthly payment amount. All charges to this bank account will be credited to my loan with Amplify Credit Union, described in the *Amplify Credit Union Information* section.

I acknowledge that I must keep making my payments as usual until I receive confirmation from Amplify Credit Union that this recurring transaction has been initiated.

This authority is to remain in force until I notify Amplify Credit Union in writing or by phone of any changes or cancellation of payment unless such notice is received not less than seven calendar days prior to the transaction date. Amplify Credit Union retains the right to cancel this service at any time. I agree to be bound by the ACH Operating Rules and all pre-arranged transactions are subject to applicable provisions of Amplify Credit Union's electronic funds transfer agreement, a copy of which has been given to me.

SIGNATURE

DATE

### PLEASE SEND FORMS TO ONE OF THE FOLLOWING

<b>FAX:</b>	(512) 491-1011
<b>MAIL:</b>	Amplify Credit Union P.O. Box 85300 Austin, TX 78708