

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. If payment needs to be made within 5 business days, please make a one-time payment and complete the form to establish recurring loan payments beginning with the next payment.

PAYMENT INFORMATION

Date to Draft First Payment (Must be within 10 days of the next due date on loan): _____

Payment Amount (select one):

- Automatic Payment for Billed Amount only
- Automatic Payment for Billed Amount, plus additional principal amount of \$ _____ (enter additional amount **ONLY**)

*****IMPORTANT NOTE:** The payment date may not always draft on the same date each month. This date may vary based upon the number of days in each month. If you require that the payment be drafted on a specific date each month, we encourage you to make your payments online at www.goamplify.com or through your external financial institution.

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

FAX:
(512) 491-1011

MAIL:
Amplify Credit Union
P.O. Box 85300
Austin, TX 78708