

ACH RECURRING TRANSFER FORM

Name: _____

AMPLIFY CREDIT UNION INFORMATION

Account Number: _____

How will we affect this account? Debit Credit

EXTERNAL FINANCIAL INSTITUTION INFORMATION

Account Type: Checking Savings Loan

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.**

FREQUENCY AND AMOUNT INFORMATION

Transfer Amount: \$ _____

How Often? Weekly Bi-Weekly Semi Monthly/Last (15th & Last Day)
 Monthly on Day _____ Monthly on Last Day Quarterly
 Annually One Time

Requested Start Date* _____

Requested Stop Date** _____

*this is the date you want the transaction to post at the other financial institution

**this is the date of the final transaction. Leave blank for "indefinite".

I hereby authorize Amplify Credit Union to initiate the recurring ACH entries described above.

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