



RelyOn Credit Union Use Only	
MSR: _____	Date: _____
ACCTG COMPLETED: _____	

ACH Automatic Payments Agreement for Preauthorized Payment

Purpose. Complete this form to transfer funds from another financial institution to your RelyOn Credit Union account(s) or loan(s).

- New
 Change Amount
 Change Frequency
 Change Date
 Change Institution
 Cancel**

RelyOn Credit Union Information			
Member Name	Account Number	Phone Number	Email

I am directing those funds to the following account(s).

RelyOn CU Loan #	Amount	Frequency (Weekly/Bi-weekly, Semi-Monthly, Monthly)	Date to Start

Other Financial Institution's Information (Account to be debited)			
Name of Other Financial Institution	Other Financial Institution's Routing Number	Account Number at Other Financial Institution	Type of Account To Be Debited
			<input type="checkbox"/> Savings <input type="checkbox"/> Checking

****Cancellation**

I authorize RelyOn Credit Union to cancel the above referenced credits to my accounts.

Termination of Authorization. This Authorization will be in effect until: (a) I/we notify RelyOn Credit Union in writing that I/we no longer desire this service; (b) the Loan is paid in full, and any commitment to lend on the Loan is terminated; or (c) RelyOn Credit Union terminates this agreement. RelyOn Credit Union may terminate this agreement if: (a) I/we close the Bank Account; (b) on 3 occasions RelyOn Credit Union is unable to debit the Bank Account for the full amount due; or (c) RelyOn Credit Union determines, in its discretion, that a change in federal or state law applicable to the Bank Account or Loan makes it illegal or impractical to continue this service or necessitates a change in terms of this Authorization. If this Authorization is terminated, I/we understand and agree to provide payment by other means for the loan on or before the payment due date.

Authorization. I authorize RelyOn Credit Union to make the above deposits into my account as indicated above. I acknowledge that all ACH transactions must comply with U.S. law. I understand that I may revoke or cancel this authorization at any time, provided the revocation is in writing and a reasonable opportunity is given to the Credit Union to act on it; otherwise, the authorization will remain in full force and effect.

By signing this form, I understand that I have asked the credit union to transfer funds from the financial institution listed above to RelyOn Credit Union.

_____ Member Signature

_____ Date