



**RelyOn Credit Union Use Only**

MSR \_\_\_\_\_ Date: \_\_\_\_\_

Copy of voided check, bank letter head with account information or bank statement needed to process.

New     
  Change Amount     
  Change Frequency     
  Change Date     
  Change Institution     
  Cancel

### ACH Credit Authorization Agreement

Member Name & Number	Name of Other Financial Institution	Other Financial Institution's Routing Number	Account Number of Other Financial Institutions	Account To Be Debited	
				<input type="checkbox"/> Savings	<input type="checkbox"/> Checking

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

**Authorization.** I authorize RelyOnCredit 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.

**Termination of Authorization.** This Authorization will be in effect until: (a) I/we notify RelyOnCredit 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) RelyOnCredit Union terminates this agreement. RelyOnCredit Union may terminate this agreement if: (a) I/we close the Bank Account; (b) on 3 occasions RelyOnCredit Union is unable to debit the Bank Account for the full amount due; or (c) RelyOnCredit 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.

**Above Information.** I understand that I have asked the credit union to transfer funds from the financial institution listed above to RelyOnCredit Union.

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

Accounts and Amounts to be credited			
<input type="checkbox"/>	Savings Account	Amount	\$
<input type="checkbox"/>	Checking Account	Amount	\$
<input type="checkbox"/>	Loan #	Amount	\$
<input type="checkbox"/>	Loan #	Amount	\$
Deposits from other financial institution will be made			
<input type="checkbox"/>	Monthly		
<input type="checkbox"/>	Semi-Monthly (two times a month)		
<input type="checkbox"/>	Bi-weekly (every 2 weeks)		
<input type="checkbox"/>	Weekly		
<input type="checkbox"/>	One Time		
First Payment is to start:			
		First Start Date	
		End Date	

### Contact Info & Authorization.

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

### Cancellation.

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

Signature \_\_\_\_\_

Date \_\_\_\_\_