

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS  
(ACH Debits)**

I hereby authorize Scott Credit Union to transfer funds electronically via ACH at the Financial Institution named below and debit or credit the same to my Scott Credit Union account listed below.

The transaction will be completed on the day of the month requested, unless that day falls on a non-business day (Saturday, Sunday or a Federal holiday), the transaction will be completed on the next business day. Should any debit be dishonored for any reason I realize that I am still responsible for that payment and all associated fees and that Scott Credit Union has no liability. This authorization remains in effect until I provide written notification to Scott Credit Union at least 1 business day prior to the date of Debit.

For Scott Credit Union loan payments **please allow 5 business days for this request to be processed**. I understand that I am responsible for making my monthly loan payment until this authorization is in effect. I also authorize Scott Credit Union to lower the amount below to accommodate my final loan payment. This payment will be less than the required monthly payment.

Scott Credit Union has the right to terminate this authorization agreement for cause.

ACH transactions are governed by the ACH Operating Rules published by the National Automated Clearing House Association and Federal Regulations.

**AUTHORIZATION FOR ACH DEBITS**

SCU ACCOUNT # \_\_\_\_\_

New ACH transaction

Change Existing ACH Transaction

Complete only the sections marked below

Change Due Date

Change Amount

Change Acct number

**PLEASE PRINT**

Routing Number \_\_\_\_\_

Financial Institution Name \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone# \_\_\_\_\_

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

Checking

Savings

Amount of Pmt \_\_\_\_\_

Pmt Frequency

Monthly\*

Bi Weekly

Semi Monthly

Date of first Pmt \_\_\_\_\_

(MM/DD/YY)

\_\_\_\_\_ Due Date 1

\_\_\_\_\_ Due Date 2

\*If your checking account is to be charged please include a voided check or a deposit slip.

SCU Account number \_\_\_\_\_

Loan

Mortgage\*

Home Equity\*

Member's Name \_\_\_\_\_

\*Only Monthly payments allowed

This authorization is to remain in full force and effect until Scott Credit Union has received written notification from me of its termination and such a manner as to afford Scott Credit Union time to act on it.

Signature of Member \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Accepted By \_\_\_\_\_

Entered By \_\_\_\_\_

Date \_\_\_\_\_

**CANCELLATION OF ELECTRONIC DEBIT VIA ACH**

Cancel the withdrawal of funds from this account and the deposit to my SCU account

Cancel the withdrawal of funds from my SCU account and the deposit to this account.

Effective \_\_\_\_\_ I hereby give SCU notice to cancel my Electronic Debit (ACH debit) in the amount of \$ \_\_\_\_\_

Financial Institution \_\_\_\_\_

Date of Debit \_\_\_\_\_

SCU Account Number \_\_\_\_\_

SCU Loan No. \_\_\_\_\_

Member's Signature \_\_\_\_\_

Accepted By \_\_\_\_\_

Date \_\_\_\_\_

Deleted By \_\_\_\_\_

Date \_\_\_\_\_