



Authorization for ACH Origination

Member Name: _____ Phone: _____

Checking Account Information

CU/Bank Name: _____

Routing Number: _____

Account Number: _____

Checking

Savings

- I hereby authorize Citizens Federal Credit Union (CFCU) and the financial institution designated above to take authorized payments from the account I have specified on this authorization form.
 - I understand that this authority may be cancelled by CFCU upon **two consecutive rejections** (with a **\$35 fee** charged for each rejection); otherwise this authorization will **remain in effect until cancelled by me** to CFCU.
 - I understand that CFCU may charge a **\$35 fee** for each month that I request to alter the day of the month my payment is withdrawn.
 - I understand that this form must be completed **IN FULL** to CFCU **no later than 5 business days before the date of the first payment**.
 - I understand this authorization will remain in full force and effect until I notify CFCU by mail (PO Box 425, Big Spring, TX 79721), by phone (800-248-2328), or in person **at least 3 business days before my due date** if I wish to cancel the origination.
- If a payment is rejected, I am responsible for making the payment by other means to CFCU for the month in which the rejection occurs.**
- I understand the final payment will pull the FULL payment amount and not the payoff balance. I must contact CFCU to retrieve the excess funds.**

An incomplete or late form may result in late fees being assessed on my loan.

Signature _____

Date _____

To Be Completed By Citizens Federal Credit Union

Member Number: _____ Loan Number: _____

Payment Amount: _____ Start Date: _____

Issued By: _____ Loaded By: _____

Circle One: (M) Monthly • (ML) Monthly End of Month • (BW) Bi-Weekly • (SL) Semi-Monthly (15th/End of Month)
• (SM) Semi-Monthly (14th/28th) • (W) Weekly • (T) Once Only

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