



Start ACH Request Cancel ACH Request Change ACH Request

Payment ACH Authorization Agreement

FROM: Another Financial Institution (Depository)

TO: PA Central Federal Credit Union

I hereby authorize PA Central Federal Credit Union (PA Central FCU) to initiate **CREDIT** entries to my PA Central FCU account:

ACCOUNT NAME	ACCOUNT NUMBER
AUTO LOAN	

for funds received from the depository Financial Institution listed below, hereafter called DEPOSITORY. I acknowledge that the posting of ACH transactions to my loan account must comply with the provisions of U.S. Law.

START DATE: _____

AMOUNT: _____

FREQUENCY: Monthly

Allow minimum of 5 business days for the ACH transaction to begin. The start date is the date we will request the other Financial Institution to withdraw the funds to be sent to PA Central FCU. **We recommend that your start date is on or before your contract due date.** If your payment falls on a non-business day or a holiday, your account at the other Financial Institution will be debited the next business day. If you choose to participate in our Skip-A-Payment program, you must have the Skip-A-Payment form to PA Central FCU 5 days prior to your current due date.

FINANCIAL INSTITUTION (DEPOSITORY) INFORMATION

DEPOSITORY Name: _____

City: _____ State: _____ ZIP: _____

9-DIGIT ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

CHECKING SAVINGS

NAME(S) ON ACCOUNT AT OTHER FINANCIAL INSTITUTION _____

I understand that this authorization will remain in full force and effect until I notify PA Central FCU in writing that I wish to cancel this authorization. I understand that PA Central FCU requires at least 5 days prior notice in order to cancel this authorization. Fees will be charged for any returned item in accordance with the Disclosure of Account Terms that was provided to you when your account was opened (You may request a copy at any PA Central FCU office). I understand that PA Central FCU reserves the right to terminate or suspend this agreement for any reason, at any time. **I hereby agree to indemnify and hold harmless PA Central FCU from and against all claims that may arise against it by reason of acting pursuant to the foregoing authorization agreement. I hereby affirm that this information is accurate.**

NOTE: RETURN THIS FORM WITH A COPY OF A VOIDED CHECK.

NAME: _____

DAYTIME PHONE NUMBER: _____

DATE: _____

SIGNATURE: _____

Joint accounts only require one signature

OFFICIAL USE ONLY

REQUEST RECEIVED: In Office _____ By Mail/Other _____ Date _____ Teller No. _____

SEND TO ACCOUNTING DEPARTMENT

Processed by: _____ Date: _____