

## **Authorization Agreement for Preauthorized (Incoming) ACH Loan Payments**

I authorize Sacramento Credit Union ("SCU") to initiate ACH debit (withdrawal) entries from the Financial Institution and for the amount and frequency indicated below. I also authorize SCU to initiate adjustments to correct erroneous entries, if necessary.

Check the applicable boxes below; then complete the entire form. Please print legibly. $\hfill \square \  \mbox{New} \ \hfill \square \  \  \mbox{Cancel, or } \hfill \square \  \  \mbox{Change}$			
Where Is the Payment Coming From?  NOTE: Third-party transfers (from a party who is not on your SCU Loan Account) are not allowed.			
Financial Institution Name		Routing/ABA Number	
Name on Account		Account No.	
From: Checking, attach a voided check from your account Savings, attach a bank statement or deposit slip from your account			
Amount of Debit	Frequency  Monthly Weekly  On the 15 <sup>th</sup> and Last Busines	ss Day of the Month	Date of Next Debit*
Where Shall We Credit the Payment?  Please credit the ACH debit from my account indicated above to my SCU Loan Account as indicated below:			
Name on Loan Account		Loan Account No.	
<ul> <li>This authorization will</li> <li>SCU requires 15 days</li> <li>This authorization to r</li> <li>An NSF fee can be ass institution.</li> </ul>	remain in full force and efforce rotice in order to cancerpay a loan will automatica	Ind understand the following sect until I notify SCU in writing el this authorization. Ily stop after the loan is paid in ission returned unpaid by the	that I wish to revoke it.
Member Name (please print)  *If Date of Next Debit falls on a v		ber Signature will post the following business da	Date

Credit Union Use Only:

Revised: March 2023 Scan to: Disputes/ACH Payment/Misc Queue

Return completed form along with voided check or deposit slip in person to a Sacramento Credit Union branch, by fax: 916-449-

2775, or by mail: Sacramento Credit Union, P.O. Box 2351, Sacramento, CA 95812-2351.