



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 entire form. Please print legibly.

New Cancel, or 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: <input type="checkbox"/> Checking , attach a voided check from your account <input type="checkbox"/> Savings , attach a bank statement or deposit slip from your account		
Amount of Debit \$	Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> On the 15 th and Last Business 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.	

I understand that this authorization will remain in full force and effect until I notify SCU in writing that I wish to revoke this authorization. I understand that SCU requires 15 days prior notice in order to cancel this authorization. I understand that if this authorization is to repay a loan, any funds received after the loan is paid in full will be deposited into my Savings Account.

I acknowledge that I have received a copy of this completed form.

Member Name (please print) Member Signature Date

*If **Date of Next Debit** falls on a weekend or holiday, the debit will post the following business day.

Return completed form along with voided check or deposit slip in person to a Sacramento Credit Union branch, by fax: 916-449-2785, or by mail: Sacramento Credit Union, P.O. Box 2351, Sacramento, CA 95812-2351