

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. New Cancel, or Change			
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 th 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.	
 This authorization will SCU requires 15 days process. This authorization to reach a second and the second and the second are second as a second and the second are second as a second and the second are second as a second are s	remain in full force and effection notice in order to cance epay a loan will automatical	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 i	that I wish to revoke it.
Member Name (please print)	Mem	ber Signature	Date
*If Date of Next Debit falls on a weekend or holiday, the debit will post the following business day.			

Credit Union Use Only:

Revised: October 2025 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.