brokaw
CREDIT UNION

ACH ORIGINATION AUTHORIZATION

Instructions: Complete the Authorization form below and make a copy for your records.
Please attach a voided check from the account you wish to be debited if pulling from/or sending to a checking account.

AUTHORIZATION FOR AUTOMATIC PAYMENT

I authorize Brokaw Credit Union to initiate entries to the financial institution listed below, and if necessary, credit entries or adjustments to correct a debit entry originated in error. If these transfers are loan payments, I understand that my automatic payment will be adjusted automatically if my payment changes due to escrow analysis, an adjustable-rate change, or the placement of Collateral Protection Insurance (CPI.) If the amount changes, I will be notified at least 10 days before the payment date. I can stop payment of any entry by notifying my financial institution 3 business days before my account is charged.

Payment dates that fall on a non-business day or holiday will be processed the following business day. Payments that are returned will be reversed and will not be resubmitted. Repeated returned payments will result in termination from the program. **If your final deduction is greater than your final payment, the remainder will be deposited into your Primary Savings account at Brokaw Credit Union.**

This authority will remain in effect until you notify us by phone or in writing, to cancel in such a time as to afford the financial institution a reasonable opportunity to act on it.

Financial Institution _____

Branch/City/State _____

Financial Institution Routing Number _____

Account Number _____ Checking _____ or Savings _____

Name (Print) _____

Signature _____ Date _____

Daytime Telephone Number: (_____) _____

E-mail Address : _____

Payment Instructions:

BCU Member Number: _____

Is this entry: _____One-Time _____Recurring

Frequency: _____ Weekly _____ Bi-Weekly _____ Monthly _____Other

Amount: $_____.___

Start Date: _____

To be Applied to: * Loan # _____ *Loan # _____ Savings _____ Checking _____

(*Loan Payments will continue until you cancel with us, or the loan has reached its expiration.)

Member #

Name: