



# Debit Authorization for Cheney FCU

I hereby authorize Cheney FCU to initiate debit entries from my account at the financial institution indicated below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of US and Washington State law.

**\*\*Notice must be given THREE business days prior to start of ACH\*\***

Financial Institution	Address	
City	State	Zip
Routing Number	Account Number	<input type="checkbox"/> Savings <input type="checkbox"/> Checking
Name on Account (print)		

**FOR NON-RECURRING (ONE-TIME) TRANSACTIONS:**

Date: _____	Amount: _____
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**FOR RECURRING TRANSACTIONS:**

Occuring Monthly, Starting On: _____	Amount: _____
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I further authorize Cheney FCU to **credit** my:

<input type="checkbox"/> Savings	<input type="checkbox"/> Checking	<input type="checkbox"/> Loan	Account Number: _____
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at **Cheney FCU** for the same frequency and dollar amount.

**TO CHANGE CURRENT RECURRING TRANSACTIONS:**

Current Date: _____	Amount: _____	
New Date: _____	New Amount: _____	Start on: _____

A \$25 fee will be assessed per returned item. After a payment is returned, Cheney FCU will initiate one additional attempt to withdraw the payment within 5 business days of the return. For recurring payments, if the item is returned a second time, no additional attempts will be made for that month and the payment becomes the responsibility of the member.

If the debit is recurring and the date of the scheduled transaction falls on a non-business day, the debit will withdraw from the account on the following business day and will not leave the account prior to the authorized date.

When a loan is paid off any additional payments made will be automatically deposited into the Cheney FCU membership savings until a written notification of termination is received.

This authority is to remain in full force and effect until Cheney FCU has received WRITTEN notification from me of its termination no later than 3pm five business days before the scheduled payment, as to afford Cheney FCU a reasonable opportunity to act on it.

Signature: _____	Printed Name: _____
Date: _____	Phone Number: _____
Employee Signature: _____	