



Recurring 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 TO DEBIT	_____	_____	_____	_____	
	Name of Financial Institution		City, State		

	Name on Account (print)				
	_____	_____	<input type="checkbox"/> Savings	<input type="checkbox"/> Checking	
	Routing Number		Account Number		

CFCU ACCOUNT TO CREDIT	Cheney FCU Account Number: _____	Amount: _____
	Occurring Monthly, Starting On: _____	
	I further authorize Cheney FCU to credit my: <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Loan at Cheney FCU for the same frequency and dollar amount.	

CHANGE RECURRING	Current Recurring Date: _____	Amount: _____
	Debit NEW Financial Institution <input type="checkbox"/> Debit SAME Financial Institution <input type="checkbox"/>	
	New Date: _____	New Amount: _____

A \$25 fee will be assessed per returned item. If the item is returned, 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.

Member Signature: _____ Date: _____ Ph #: _____

Printed Name: _____ Employee Signature: _____

THIS SECTION FOR INSTITUTION USE ONLY		
Catalyst Pay Set-up: _____	Verified: _____	
Loan Paid: _____	Pmt Stopped: _____	Verified: _____