HomeTown CREDIT UNION

(888) 451-3798
www.HomeTownCU.coop

AUTHORIZATION AGREEMENT FOR ACH OR INTERNAL TRANSFERS

I (we) hereby authorize HomeTown Credit Union to initiate **debit** entries to my (our) account(s) as indicated below and the financial institution name below, hereinafter called Financial Institution, to **debit** the same to such account. I (we) agree to have available funds in my (our) account on the designated date to affect this transfer. I (we) agree to pay any applicable fees for this service as disclosed in the Fee Schedule. This authority will remain in effect until I (or either of us) notify the credit union in writing at least one week prior to the next settlement date. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of US law. **All new requests and changes must be submitted 3 business days prior to the start date.**

Account Funds Coming From:

Please attach a voided check for the account to withdraw from

Financial Institution _____ Repay Amount $ _____

Routing # _____ Account # _____ ☐ Checking ☐ Savings

Start Date _____ Payment Frequency _____

If Semi-Monthly Frequency, please provide second monthly payment start date _____

CU Only: Teller ID ___ New __ Chg Amount __ Chg Financial __ Chg Account __ Chg Due Date __

Account Funds Posting To:

Member # _____ Loan # _____ Share # _____

HomeTown Credit Union will make every effort to complete this transfer unless circumstances beyond our control prevent the transfer, despite reasonable precautions we have taken. All terms and conditions of your account agreement apply to this agreement.

ACH Only:
If the transaction debit falls on a Saturday, Sunday or CU Holiday, this transfer may automatically be made the following business day.

Member Name _____

Member Signature _____

Member Signature _____

Date _____ Daytime Phone # _____