

For accounts other than America's Christian Credit Union, please attach a copy of voided check (if available)

New Revise Revoke
 (Please allow up to three business days for processing)

Step 1: Debit From

Name on Account:

Best Contact Method: Phone Email

ACCU – Account #: _____ Savings Checking

OR

Other Financial Institution (name of bank or credit union):

Routing #: _____ Account #: _____ Savings Checking

Monthly Debit Amount: \$ _____ Deduct on the _____ day of the months, starting on ____/____/____

Please note: If the regularly scheduled date falls on a weekend or banking holiday the debit will occur on the following business day.

Step 2: Credit To

Member Name:

ACCU – Account #: _____ Loan _____

Step 3: Signature and Certification

I/we hereby authorize America's Christian Credit Union (ACCU) to initiate debit entries and, if necessary, credit correction and adjustment entries to my/our account as indicated above. I/we authorize and request "Other Financial Institution" named above to honor the debit entries initiated by ACCU and debit the same to the account named above under "account number". I/we acknowledge the origination of ACH transaction to my/our account must comply with the provisions of U.S. laws and ACH rules and regulations. This authorization is to remain in full force and effect until ACCU has received written notification from me/us of its termination in such a time and manner as to afford ACCU a reasonable time to act upon it. I/we acknowledge that the credit union is not responsible for transfers or payments that do not occur due to non-sufficient funds (NSF). I/we acknowledge that the credit union will attempt to process the withdrawal once. If the attempt is returned as NSF, the credit union will reverse the transaction but the transfer record will remain and the credit union will attempt the withdrawal as scheduled the following month. I agree to the terms and conditions set forth for my account as contained in ACCU's full Terms and Conditions, Electronic Transfers, Funds Availability and Truth in Savings Disclosures.

I understand that by declining automatic payments on my loan the annual percentage rate (APR) will increase by .50%
 I do not elect to have automatic payments at this time.

Name:	Date: ____/____/____
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Signature:	
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Name:	Date: ____/____/____
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Signature:	
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This area is for credit union use only

Received/Verified By: _____	Date: ____/____/____
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Back Office ACH Set-Up By: _____	Date: ____/____/____
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OFAC or N/A (ACCU Member)

