
Pre-Authorized Payment (ACH) Authorization and Agreement

Member Name: _____ Account # _____ Suffix _____

Start Date: _____ Transfer Amount: \$ _____

Frequency: Monthly Other: _____ (i.e. weekly, bi-weekly, bi-monthly, etc.)

Financial Institution Information

Financial Institution Name: _____

FI Address: _____ Phone # _____

ABA Routing #

Account #

Name on Account: _____ Type: Checking Savings

I hereby authorize Greater Valley Credit Union to initiate debit and credit entries to the account at the financial institution listed above and if necessary, initiate debit and credit entries or adjustments to correct an entry originated in error.

My authorization will be valid until I give Greater Valley Credit Union written notice to discontinue the pre-authorized payment transfer. I agree to indemnify and hold the Credit Union harmless for following my written instructions in a reasonable manner.

I understand that if this authorization is for recurring entries, the subsequent entries will be initiated based on the start date and frequency listed above. If this authorization is for a one-time entry, I must provide the Credit Union another written authorization for each future entry.

I understand that I must have funds available in my account to make the payment at least three (3) business days before the scheduled payment date. If the payment is returned unpaid, the Credit Union will charge a Return Item Fee (see *Credit Union Fee Schedule* for amount).

I also authorize Greater Valley Credit Union to make a one-time electronic fund transfer from my account to collect any Return Item fee associated with payments returned unpaid. For payments originally returned as Non-Sufficient Funds (NSF) or Uncollected Funds, the Credit Union may at its discretion, re-submit the payment one more time for a total of two (2) entries per month. Repetitive returns will result in the termination of this agreement.

I understand I have a right to stop the pre-authorized payment by notifying the Credit Union three (3) business days before the scheduled payment date. If sufficient notice was given and the payment was not stopped, the Credit Union will be liable for my direct losses or damages, but no more than the amount of the payment.

I understand this Pre-Authorized Authorization and Agreement is also governed by the Credit Union's Disclosure of Account Information. If I need a copy of this disclosure I will request one when I submit this form; otherwise I acknowledge that I have received the Disclosure.

Member Signature: _____ **Date:** _____

-- Do not write below this line -- Credit Union Use Only

Received By/Date: _____ Maintenance By/Date: _____
Pre-Notification Date: _____ Revocation Date: _____