

AUTOMATIC PAYMENT/ACH ORIGATION AUTHORIZATION

I hereby authorize Metrum Community Credit Union, to initiate debit entries from my (our) account indicated below from the financial institution named below. I (we) acknowledge that the origination of ACH transactions to my account must comply with the provision of U.S. law.

TRANSACTION FREQUENCY: (circle one)

Reoccurring One-time Over the Phone (defaults to one-time)

WITHDRAWING/DEBITING FINANCIAL INSTITUTION INFORMATION:

FI NAME: _____

9-DIGIT ROUTING/ABA NUMBER: _____ ACCT NUMBER: _____

ACCOUNT TYPE: CHECKING SAVINGS

PAYMENT INFORMATION:

PAYMENT AMOUNT: \$ _____ ONE-TIME FEE \$15.00 TOTAL AMOUNT \$ _____

METRUM ACCOUNT NUMBER: _____ Suffix _____

STARTING DATE: _____

FREQUENCY _____ Monthly
(Check one): _____ Weekly (chose day of the week below)
 _____ Bi-Weekly (every other week starting on date entered above)
 _____ Semi Monthly (15th and last day of the month)
 _____ One-time

DAY OF THE WEEK Monday Tuesday Wednesday Thursday Friday

This authorization is to remain in full force and effect until Metrum Community Credit Union receives written notification to discontinue. The notification must be received at least **4 business days** prior to the withdrawal date. When the loan has been paid in full, the next ACH withdrawal will be stopped. Excess funds over the payoff amount will be placed in the base share account.

This authorization may be unilaterally terminated by the CREDIT UNION in cases of excessive returns or member abuse.

If an ACH Origination is returned there will be a \$25.00 NSF fee. One-time transactions will be assessed a \$15.00 per occurrence fee.

PRINT INDIVIDUAL NAME: _____ Phone# _____

PRINT INDIVIDUAL NAME: _____ Phone# _____

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

IF AVAILABLE, ATTACH COPY OF VOIDED CHECK TO THIS FORM