

ACCLAIM FCU ACH AUTHORIZATION FOR DIRECT PAYMENT OR DEPOSIT VIA ACH (ACH DEBITS)

Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment.

I (we) understand that this authorization will remain in full force and effect until I (we) notify **Acclaim FCU** by phone, email, fax or by secure message through Acclaim FCU Home Banking at least 2 business days prior to the Date of Debit to stop this draft. I (we) understand that if we do not notify Acclaim FCU in a timely manner, that Acclaim FCU may not be able to stop this draft. I (we) understand and agree that ACH transactions to my (our) account must comply with all applicable U.S. laws.

I (we) authorize **Acclaim FCU** to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) as follows:

Debit Account Type: Savings Account Checking Account

Name on Account to be Debited _____

Bank/Credit Union Name _____

Routing Number _____ **Account Number** _____

Type of Debit One-Time* Recurring **Frequency of Debit** _____

*For One-time Debit, a \$5.00 Processing fee will be added to the Debited Amount

For Recurring Debits Day of Week/Month _____

Amount of Debit _____ **Date of Debit**** _____

*****If Authorization is received before 2:00pm EST, the date of debit can occur the same business day. If Authorization is received after 2:00pm EST, the date of debit will occur the next business day.***

I (we) authorize **Acclaim FCU** to distribute the above ACH Debit in the following manner:

Member # _____ **Account Type** _____ **Loan #** _____ **Amount** _____

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Printed Name(s) _____

Date _____ **Signature** _____

(If Applicable – One Time ACH Debit does not require a signature)

FOR ACCLAIM FCU USE ONLY:

9/6/2017 4:15:37 PM

Date Received and Time/Spoke with Member: _____ **Date form sent to Member:** _____

Payment is for (Due Date) _____

Acclaim Employee Initials Sending/Receiving Information: _____

Accounting Department:

Date and Time Received _____ **File Time in iCaps** _____

Note (if Applicable) added **Information Added by** _____ **Verified by** _____