

AUTHORIZATION FOR ACH DEBIT

**Unity One Credit Union
6701 Burlington Blvd
Fort Worth, TX 76131**

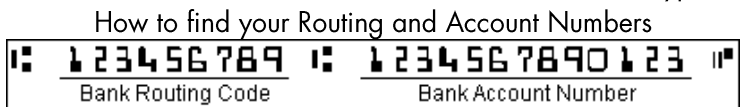
I (we) hereby authorize COMPANY, as listed above, hereinafter called COMPANY, to initiate a debit entry to my (our) account indicated below at the financial institution named below, hereinafter called FINANCIAL INSTITUTION, and to debit such account for the amount listed below. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provision of U.S. law. This service will begin on the effective (Start/Due) date chosen.

Financial Institution Name Phone #

Address City/State Zip

Checking Savings

Routing # Account # Type of Account



******* Voided check from your FINANCIAL INSTITUTION account MUST be included. *******

Amount \$ _____ First Start/Due Date: _____ / _____ / _____ (mm/dd/yyyy)

Payment Frequency (Choose One):

- Weekly – 1st payment on the start/due date, then every week thereafter
- Bi-weekly – 1st payment on the start/due date, then every other week thereafter
- Semi-monthly – 1st payment on the start/due date, 2nd payment 15 days later, to repeat monthly thereafter
- Monthly – Every month from the start/due date

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Print Name Signature

Day Time Phone Number Date

Deposit – Account # and type (Ex. Acct: 595595, L35 – Auto Loan)

We reserve the right to cancel ACH payments, or change the terms of this feature at any time. A charge of up to \$35.00 will be assessed each time an ACH payment is returned unpaid.

CREDIT UNION USE ONLY

Employee Name Date Processed by Date

INSTRUCTIONS FOR STARTING AN ACH DEBIT

Top Section - account information used to pay the loan.

Middle Section - amount to pay, date to be paid and frequency of the payment. Please note the start date should be on or before the loan due date.

Bottom Section - loan account information, account holder name, account number and loan type. For example: John Doe 123456 L12

1. Fill form completely and sign. Please do not alter form.
2. Completed form must be received one week prior to the *First Start/ Due Date* to allow for processing and to avoid any late fees.
3. Only account holder(s) listed on checking account are authorized to sign the form.
4. Checking accounts without checks - A letter from the financial institution verifying the routing number, account number and name on the account is acceptable in lieu of voided check.
5. Corporate Accounts - Provide a DBA or letter from the financial institution verifying authorized signers on the account.

If you have any questions, please feel free to contact us at 817-306-3100 or toll free at 1-800-628-5517.