

**CONSUMER AUTHORIZATION FOR DIRECT PAYMENT 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) authorize Lebanon Federal Credit Union to electronically debit my (our):

☐ **Checking Account** / ☐ **Savings Account** (*select one*) at the financial institution named below. I (we) agree that ACH transactions I (we) authorize comply with all applicable laws.

Financial Institution Name: _____

Routing Number: _____ **Account Number:** _____

FI Address (city, state, zip): _____

Home phone: _____ **Work phone:** _____

Transfer START Date*: _____ **Transfer Expiration Date, if any:** _____

**MUST be a Business Day*

Dollar Amount: _____ **Frequency (check one):** ☐ Weekly ☐ Biweekly ☐ Monthly

****Notice: Please attach a voided check/deposit slip/statement copy from your institution.***

For Distribution to the following LFCU Account _____ **Loan Suffix** _____

I (we) hereby authorize Lebanon Federal Credit Union to receive money on my (our) behalf from the account and financial institution named above. Such transactions will be authorized by this agreement and will be changed only by my written request. I (we) agree that I (we) assume all risk for any incorrect or insufficient information provided on this form. I (we) authorize all entries to adjust or correct errors. I (we) agree that these transactions and adjustments may be made electronically and under the Rules of the National Automated Clearinghouse Association. This authorization will continue in effect until written cancellation is provided to Lebanon Federal Credit Union and in such a manner as to allow a reasonable opportunity to act on it. I (we) agree that if funds are not available at time of transfer, I (we) will be responsible for a **\$35.00 returned ACH item fee**. I (we) acknowledge receipt of a completed copy of this authorization. I (we) acknowledge that Lebanon Federal Credit Union may cancel this request at any time due to their own discretion or on three or more insufficient funds attempts. **I (we) acknowledge that five (5) business days advance notice is required to process initial setup, changes, and revocation.**

☐ Check here to cancel your automatic payment option from the above listed financial institution and account number. We need at least five (5) business days advance notice to revoke authorization of the payment.

Primary Member Signature: _____ **Date:** _____

Joint Member Signature: _____ **Date:** _____