



Phone: 717.272.2210
www.lebanonfcu.org

Consumer Authorization for Direct Payment via ACH

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:** _____

**Notice: Please attach a voided check from your institution.*

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

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

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

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

LFCU Accountholder Name: _____

I (we) hereby authorize Lebanon Federal Credit Union ("Credit Union") to initiate a debit from the account and financial institution named above, and to credit my Credit Union account as indicated above. I understand that if the date of debit falls on a weekend or holiday, the debit will occur on the following business day. I (we) understand and agree to allow the Credit Union to adjust my preauthorized payment amount in accordance with the terms and conditions of the loan. 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. This authorization will continue in effect until cancellation is provided to the Credit Union and in such a manner as to allow a reasonable opportunity to act on it. I (we) agree that if funds are returned, I (we) will be responsible for a **Returned ACH Item Fee (see LFCU fee schedule)**. 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.** For revocation, I (we) acknowledge that the request must be made by either: calling LFCU at 717-272-2210, providing a written request to be mailed to: Lebanon Federal Credit Union 120 South 16th St, Lebanon PA 17042, or via this form.

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:** _____