



ACH Incoming Payment Transfer Authorization Agreement

Direct Payment via ACH is the transfer of funds from a consumer account at another Financial Institution for the purpose of making payments to your United Catholics FCU account.

From the Financial Institution:

I/we authorize United Catholics Federal Credit Union to electronically withdrawal (debit) from my/our account (and, if necessary electronically credit my (our) account to correct erroneous withdrawal/debits) as follows:

Withdrawal from Other Financial Institution named Below

Financial Institution Name _____

Address _____ City _____ State _____ Zip _____

Routing & Transit Number _____ Account Number _____

From (select one): Checking Savings

Amount of Debit \$ _____ Frequency _____ Date of Next Debit _____

Credit Deposit/Payment to United Catholics Federal Credit Union

I/we authorize *United Catholics Federal Credit Union* to credit the same entry to my (our) account at *United Catholics Federal Credit Union* as follows:

Member Account #: _____ Savings (Suffix _____) Checking (Suffix _____) Loan (Suffix _____)

If the date of payment/deposit falls on a weekend or holiday, payment/deposit will occur on the business day prior to the weekend or holiday. I/we understand that I/we will be notified if the debit amount needs to be adjusted, either to be increased or decreased. I/we also understand that I (we) have the right to stop automatic payments by notifying **United Catholics Federal Credit Union** in writing fifteen (15) days prior to the time my (our) account is charged. I/we authorize adjustment entries in the event of erroneous transactions on my (our) account. I/we acknowledge that the origination of ACH transactions to my (our) accounts must comply with the provisions of U.S. law.

This authority is to remain in full force and effect until **United Catholics Federal Credit Union** has received written notification from me (us) of its termination in such a time and manner as to afford **United Catholics Federal Credit Union** a reasonable time to act upon it. This authorization is subject to **United Catholics Federal Credit Union's** Electronic Service Agreement and Disclosure.

Note: Only one signature is required.

Member Name (Print) _____ Last 4 digits of Member Social Security # _____
(or Joint Owner) _____ (or Joint Owner) _____

Member Signature _____
(or Joint Owner) _____

- Please attach one of the following from the other financial institution:**
- 1) Voided Check.
 - 2) Statement showing account ownership.
 - 3) Letter from other financial institution verifying account ownership.

Please return this form to: United Catholics FCU, 160 E College St, Covina, CA 91723, Fax (626) 974-4473 or email ucfcu@unitedcatholicscfu.org