



**UNITED CATHOLICS
FEDERAL CREDIT UNION**

2225 E. Garvey Ave N, West Covina, CA 91791

PH (626) 974-4447, Fax (626) 974-4473

www.unitedcatholicsfcu.org

**(ACH Credit) Outgoing Payment
Authorization Agreement**

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

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

From Member Account Number to be debited at United Catholics FCU _____

Checking Account (Sfx _____) Savings Account (Sfx _____) (select one)

To ("Depository")

I (we) authorize United Catholics Federal Credit Union to electronically credit my (our) account at the depository financial institution named below ("DEPOSITORY").

Checking Account Savings Account (select one) at the depository financial institution listed below

Financial Institution Name (Depository Name) _____

Address _____ City _____ State _____ Zip _____

Account Owner's Name: _____

Routing & Transit Number _____ Account Number _____

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

If the date of credit falls on a weekend or holiday, debit 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 Services Agreement and Disclosure.

One Signature Required:

Member Name (Print) _____

Member Last
4 digits of Social Security # _____

Member Signature _____

Date _____

Joint Owner Name (Print) _____

Joint Owner last
4 digits of Social Security # _____

Joint Owner Signature _____

Date _____

Please return this form to: United Catholics FCU, 2225 E Garvey Ave N, West Covina, CA 91791 or Fax (626) 974-4473