

Authorization Agreement Direct Payments (ACH Entries)

I (we) hereby authorize Public Service Credit Union to debit entries from my (our) account indicated below and the Financial Institution named below, to debit same from such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Credit Information *(funds going to)*

PSCU Account Number _____

Loan Suffix _____

PSCU Member Name _____

Contact number _____

Debit Information *(funds coming from)*

Financial Institution _____

Routing/Transit/ABA _____

Accountholder at FI _____

Account number _____

Account Type Savings Checking

Accountholder address _____

Amount to debit: _____

Final Amount to debit: _____

Start Date: _____

End Date: _____

Or after _____ Occurrences

Schedule Information

Monthly to recur on the _____ day of every month
(numerical day of the month)

By default, recurring transactions that fall on non-banking days will process on the first banking day AFTER the scheduled date. By selecting the following box, transactions will be processed the closest banking day BEFORE scheduled date
Process BEFORE?

This authority is to remain in full force and effect until Public Service Credit Union has received written notification from me (or either of us) of its termination in such time and manner as to afford reasonable opportunity to act on it. This agreement shall be governed but the laws of the State of Michigan and the rules of the National Automated Clearing House Association. I (we) understand that debits/credits may take up to 15 days for processing.

Signature & Date

Signature & Date

Internal Use Only

Entered By	Date Entered	Tracking Number

I (we) are requesting a cancellation of the above listed recurring ACH as of _____

Signature

Signature