



ACH Payment Authorization Form

Schedule a one-time or recurring payment to be automatically deducted from your checking or savings account. You will be charged the amount shown below on the date or schedule indicated. The charge will appear on your account statement as an ACH debit. You agree that no prior-notification will be provided unless the date or amount changes. Please include copy of voided check.

Please complete the information below: **(please print full name)**

I, _____ authorize San Patricio County Teachers Federal Credit Union to charge my bank account indicated below for the following one- time or recurring scheduled payment in the amount of : _____ to my loan # _____

One Time Payment Process Date: _____

OR

Recurring Payment Start Date: _____

Monthly or Semi-Monthly

Account to be debited: Money will be taken from the following account to pay your SPCTFCU loan:

| | |
|-------------------------------|------------------------|
| Name on Account: _____ | Billing Address: _____ |
| Bank/Credit Union name: _____ | _____ |
| Account Number: _____ | _____ |
| Routing Number: _____ | Phone # _____ |
| | Email: _____ |

For a one-time payment this authorization is for a single transaction on or after the indicated date. For a recurring payment schedule, I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify SPCTFCU in writing of any changes in my account information or termination of this authorization at least 10 business days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction date. In the case of an ACH transaction being rejected for Non-Sufficient Funds (NSF) I understand that SPCTFCU may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$27.50 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

Signature: _____ Date: _____