



ACH Payment Authorization Form

☐ **NEW**

☐ **CHANGE**

You will be charged the amount shown below on the date or schedule indicated to be applied to your loan with NSPIRE FCU. 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 ALL information below:

I, _____ authorize NSPIRE Federal Credit Union to transact the following from my bank account indicated below:

Name of Financial Institution	
Name on Account	
Routing Number	
Account Number	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Phone Number	
Mailing Address	
Email Address	
Monthly Amount	
Frequency	<input type="checkbox"/> one time <input type="checkbox"/> semi-monthly <input type="checkbox"/> monthly
Beginning Date	
NSPIRE FCU Loan Account #	

For a one-time payment this authorization is for a single transaction on or after the indicated date and will remain on file for future one-time payments that I call to initiate. For a recurring payment schedule, I understand that this authorization will remain in effect until I cancel it in writing. I agree to notify NSPIRE FCU 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 I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction date.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 NSPIRE FCU 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. If this is a recurring payment, I understand that after 2 failed attempts to collect the authorized funds, NSPIRE FCU may terminate the automatic ACH and I will need to establish another form of 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: _____

Request to Stop ACH Payment

Reason: _____

Signature: _____ Date: _____

(CU USE ONLY)

Received By: _____ Date deleted: _____