



ACH Loan Payment Authorization

I authorize Tahquamenon Area Credit Union (TACU) to electronically transfer funds through the Automated Clearing House (ACH) system from my deposit account at the financial institution identified below to TACU in payment of the below-referenced loan, designated in PART 1.

I understand that transfers will be made monthly. If the transfer date falls on a holiday or non-business day, the transfer will be made the next business day. If my payment fails to transfer through the ACH system for three (3) consecutive months, TACU reserves the right to remove me from this service and notify me should this occur.

I understand that if the balance available for withdrawal from my account, designated in PART 2, is not sufficient to cover the payment described in PART 3, or if my financial institution, defined in PART 2, returns, rejects or reverses the debit entry to my account for any reason, I will still owe the loan payment; and TACU may treat this as a failure to make a loan payment. A returned payment charge and/or a late payment fee may apply in accordance with the terms of my loan account.

I hereby certify that no authorization of any party other than mine is necessary to provide for the withdrawal of funds from my account as indicated by this authorization. I acknowledge that the origination of ACH transfers to my account must comply with the provisions of U.S. law and the NACHA Operating Rules and Guidelines.

This authorization will remain in effect until I have provided TACU with a written and signed request to revoke my authorization at least **five (5) business days** before the transfer is scheduled to be made. The request should be sent to the address/fax number listed in PART 4.

PART 1: LOAN ACCOUNT WITH TAHQUAMENON AREA CREDIT UNION

Loan Account Name

Loan Account Number

PART 2: OTHER FINANCIAL INSTITUTION INFORMATION

Account Owner Name

Account Number

Account Type: Checking Savings

Financial Institution Name

ABA Routing Number

PART 3: LOAN PAYMENT INFORMATION

Monthly payment of \$_____, recurring on the 1st 8th 15th 22nd of each month beginning on _____.

PART 4: SIGNATURE

Signature of Authorized Account Signer

Printed Name

Date

Please mail or fax this completed form to:

Tahquamenon Area Credit Union
P.O. Box 485
Newberry, MI 49868

Fax: (906) 293-3974
Phone: (906) 293-5117

FOR CREDIT UNION USE ONLY

Date Received

Date ACH Set-up Completed

Processed by