



# ACH Payment Authorization

Member Name \_\_\_\_\_ Member No. \_\_\_\_\_ Loan ID \_\_\_\_\_

Email \_\_\_\_\_

To start, modify, or cancel a recurring transfer from your account at another financial institution to your account at Cornerstone, please return this completed and signed form by mail, fax, or email. Contact information is listed at bottom of page.

Purpose:  New Recurring Transfer  Change Existing Transfer  Cancel Transfer

### Information for account from which the transfer will be withdrawn:

Financial Institution \_\_\_\_\_

Name on Account \_\_\_\_\_ Account Type:  Checking  Savings

Routing No. \_\_\_\_\_ Account No. \_\_\_\_\_

Transfer Amount \_\_\_\_\_ Transfer Start Date \_\_\_\_\_

*Recurring monthly on same day of month.*

The undersigned member authorizes Cornerstone Financial Credit Union (CFCU) to initiate recurring debit entries from the Financial Institution listed above in order to repay this CFCU loan. Member further authorizes CFCU to initiate adjustments for any transactions debited in error. Member confirms legal authorization to execute transactions on the account at the Financial Institution. Member acknowledges that all transactions must comply with the provisions of U.S. law.

This authorization will remain in effect as is unless CFCU receives a signed ACH Payment Authorization form to cancel. Member may need to make one more payment before this authorization begins.

The undersigned member agrees to hold harmless and indemnify CFCU for all cost and expenses, including but not limited to fees, penalties, and late charges, assessed as a result of its inability to complete a debit for any reason. A Returned Item Fee will apply for each debit returned to CFCU.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_