



UNITED EQUITY CREDIT UNION

Decatur Facility
1130 E. Pershing Road
PO Box 2108
Decatur, IL. 62524
217-875-1845
Fax: 217-875-3648

Galesburg Facility
687 Lincoln
PO Box 1285
Galesburg, IL. 61402
309-342-3705
Fax: 309-342-4854

Recurring ACH Authorization and Distribution Agreement

Member Name: \_\_\_\_\_ Member Number: \_\_\_\_\_

By signing below, I hereby authorize United Equity Credit Union to originate an ACH debit from:

Institution Name: \_\_\_\_\_

Transit/ABA #: \_\_\_\_\_ Account Number: \_\_\_\_\_

Circle appropriate account type Savings Checking

TO PREVENT ERRORS PLEASE PROVIDE A VOIDED CHECK FROM THIS INSTITUTION

Amount: \$\_\_\_\_\_ Beginning on: \_\_\_\_\_

Frequency: Monthly Bi-Weekly Weekly Semi-Monthly on the \_\_\_\_\_ and \_\_\_\_\_ of each month (circle one choice)

This ACH transaction should be distributed as follows:

Table with 4 columns: Account, Loan #, Share #, Amount. Multiple empty rows for data entry.

I FURTHER AUTHORIZE UNITED EQUITY CREDIT UNION TO MAKE ANY ADJUSTING ENTRIES TO CORRECT ERRORS. THIRTY (30) DAYS NOTICE IS REQUIRED FOR CHANGES TO OR TERMINATION OF THIS AGREEMENT, AND MUST BE SUBMITTED IN WRITING BY THE AUTHORIZING MEMBER. PLEASE BE ADVISED THAT THERE WILL BE A \$25.00 RETURNED ITEM FEE FOR TRANSACTIONS THAT ARE RECALLED BY THE SEDNING BANK. UNSUCCESSFUL ACH TRANSACTIONS WILL BE REPRESENTED. UNITED EQUITY CREDIT UNION RESERVES THE RIGHT TO TERMINATE THIS AGREEMENT AT ANY TIME.

X \_\_\_\_\_ Signature Date

I (WE) REQUEST TERMINATION OF THIS AGREEMENT

X \_\_\_\_\_ Signature Date