



UNITED EQUITY CREDIT UNION

Recurring ACH Authorization and Distribution Agreement

Member Name: _____ Member Number: _____

Email: _____ Phone: _____

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: \$ _____ Due date Beginning on: _____

Frequency: Monthly Bi-Weekly Weekly Semi-Monthly on the _____ & _____ of each month (Circle one frequency choice.) (If semi-monthly, fill in dates above.)

This ACH transaction should be distributed as follows:

Table with 4 columns: Account, Loan #, Share #, Amount

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 SENDING BANK. UNSUCCESSFUL ACH TRANSACTIONS WILL BE REPRESENTED. UNITED EQUITY CREDIT UNION RESERVES THE RIGHT TO TERMINATE THIS AGREEMENT AT ANY TIME.

X _____ Date /Time Signature

I (WE) REQUEST TERMINATION OF THIS AGREEMENT

X _____ Date Signature

Received By: _____ Date: _____ Processed By: _____ Date: _____ Approved By: _____ Date: _____