



PO BOX 12689 San Antonio, TX 78212-0689 (210) 225-6866 www.rivercityfcu.org

## ACH Authorization Form

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

<b>Section 1</b>	<input type="checkbox"/> <b>River City Federal Credit Union to OTHER Financial Institution (credit)</b>
	I (we) hereby authorize River City Federal Credit Union, to initiate credit entries to my checking or savings account in the depository institution named below, and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account. I (we) also authorize the stated depository institution to accept and to credit and/or debit the same amount of such entries to my account. Funds must be available for collection by River City Federal Credit Union at least two business days prior to the ACH credit.
	<input type="checkbox"/> <b>OTHER Financial Institution to River City Federal Credit Union (debit)</b>
	I (we) hereby authorize River City Federal Credit Union, to initiate debit withdrawal entries to my checking or savings account in the depository institution named below, and I (we) authorize this depository institution to accept and to debit the amount of such entries to my account. Funds must be available at the depository institution named below and if funds are returned as insufficient, a fee will be assessed as set forth in the rate and fee schedule. It is understood that River City Federal Credit Union will in no way be held liable for delinquent loan payments if the above stated terms have not been met.
	<input type="checkbox"/> <b>CANCELLATION</b>
This authority is to remain in full force until River City Federal Credit Union receives a completed termination request from me/us stating my/our intention to terminate this agreement. It is understood that River City Federal Credit Union must receive this termination request at least two weeks prior to the next pre-authorized credit/debit transmittal date and in no event shall this termination request be effective with respect to entries processed by River City Federal Credit Union prior to receipt of the termination request.	

<b>Section 2</b>	<b>Other Financial Institution Account Information</b>
	<p>Bank Name: _____</p> <p>City: _____ State: _____ Zip Code: _____ Routing/ABA Number: _____</p> <p>Member/Customer Name: _____ Account Number: _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings</p>

<b>Section 3</b>	<b>River City Federal Credit Union Account Information</b>
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan      ID: _____

<b>Section 4</b>	<b>Debit/Credit Information</b>
	<p>Debit/Credit Amount \$ _____ Frequency <input type="checkbox"/> Monthly, ON _____ day</p> <p>day <input type="checkbox"/> Semi-Monthly, ON _____ day &amp;</p>

Please attach a voided check with this form.  
Please read the above statements carefully and sign if you understand and agree with the stated terms.

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

Date \_\_\_\_\_

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

Date \_\_\_\_\_

Credit Union use only	
_____	
Employee	
_____	
Branch	Date