

AUTHORIZATION FOR DIRECT PAYMENT VIA ACH (ACH DEBITS)

Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment

I (we) authorize Southern Teachers & Parents Federal Credit Union, hereinafter called "STPFCU", to electronically debit my (our) account (and if necessary, electronically credit my (our) account to correct erroneous debits) at the depository financial institution ("DEPOSITORY") named below. I (we) agree that ACH transactions must comply with all applicable laws.

New ____ Update ____ FINANCIAL INSTITUTION INFORMATION

Depository Name:						
City:			S	tate:	Zip:	
Transit/Routing #:			A	Account #	t:	
Account Type:	Checking		Savir	igs		
Start Date:		Te	rmina	tion Date	2:	
Payment Frequency:	Monthly	(on	the	_ day of	each month)	
	Semi-Monthly	(on	the	and	days of each month)	

MEMBER'S PAYMENT INFORMATION

Member Name (s):						
Member #:	Email:					
Pay \$	towards (check one):		Regular Shares (1)			
			Share Draft/Checking (2)			
			Loan #			

This authorization will remain in full force and effect until STPFCU has received written notification from me (or either of us) of its termination. A request to terminate the authorization must be received by STPFCU at least three (3) business days prior to the scheduled payment date to afford STPFCU a reasonable opportunity to act on it. If the payment is to be applied to a loan, the authorization will be terminated when the loan is satisfied. In the event that a payment/deposit is returned to STPFCU or funds are unavailable for any reason, I (we) agree to pay an additional return item fee at the current rate in effect as published in STPFCU's fee schedule. I (we) also acknowledge that STPFCU will reverse a payment/deposit that has been returned and will not process the electronic payment again until the next scheduled payment/deposit date. At the discretion of STPFCU, this authorization may be terminated upon the third occurrence of being returned due to unavailable funds or other reason.

Member's Signature(s)	Date:	
Phone Number:		

PLEASE COMPLETE THE FORM AND ATTACH A VOIDED CHECK AND SEND TO ACCOUNTING OR LOAN DEPARTMENT: