



226082022

Authorization Agreement for Direct Payments (ACH Debits, Credits and Reversals)

I/we authorize Polish & Slavic FCU, **(1)** to initiate and credit entries to my/our PSFCU Share/Loan account indicated below, **(2)** to initiate and debit entries from the financial institution and account number indicated below, **(3)** to initiate reversals of erroneous or duplicate credit or debit entries, and to credit and debit such other account as appropriate. I/we acknowledge that the origination of the ACH transaction to my/our account must comply with the provisions of U.S. law.

Bank/Other Financial Institution Information:

Bank Name _____
 City _____ State _____ Zip _____
 Routing Number _____ Account Number _____
 Amount \$ _____ Account Type Checking Savings

PSFCU Account Information

Share / Loan Account Number _____ - _____

Effective Date (*For loans, indicate Loan Due Date**) _____

Transaction Frequency* one-time monthly bi-weekly
 twice-monthly weekly daily

This authorization will remain in full force and effect until the Polish & Slavic FCU has received a written notification of its termination. Such notice must be provided at least 45 days prior to termination of transactions.

Primary Account Holder Signature X	Print Name	SS#	Date
Joint Account Holder Signature X	Print Name	SS#	Date

Attach an Original Voided Check (or pre-printed deposit slip or a letter from your financial institution showing account title, account number, account type and ABA Routing and Transit number)

ATTACH VOIDED CHECK HERE
 Originals only, no photocopies

Disclaimers:

- * *If the loan due date should fall on a weekend or a holiday the payment will be executed on the next business day following the effective date of the payment.*
- * *Consumer Loan and Mortgage payment origination is available on monthly basis only.*

This form provides written authorization for Polish & Slavic FCU to debit your account at another institution for the purpose of transfer of funds and/or payment of loans at PSFCU.

Allow three weeks after PSFCU receives this form for the ACH order to take effect. Please make your regular loan payments until the ACH order takes effect.

PSFCU will attempt to debit your account only once on the date designated as the effective date. Please note that you are responsible for maintaining sufficient funds in your debit account to cover the scheduled payment.

If the debit order is returned to PSFCU by the receiving institution for whatever reason, your account here will be charged a returned item fee¹ and your loan will be immediately referred to the collections department for further processing.

Should you wish to cancel this Authorization at any time in the future, you must provide a written notification to PSFCU 45 days prior to the termination of the debits. The PSFCU must also receive a notification to discontinue direct payments at the time the loan is being paid off. PSFCU form *Revocation of Payment Authorization* may be utilized to submit notice of revocation.

Please mail the notification to:

Polish & Slavic FCU
P.O. Box 10425
Fairfield, NJ 07004

If you have any questions please contact us at 1.855.PSFCU.4U (1-855-773-2848).

¹ For the amount of returned item fee, please refer to the current PSFCU Fee Schedule