



AGREEMENT FOR PRE-AUTHORIZED PAYMENT (ACH)

I hereby authorize Chaffey Federal Credit Union to initiate debit entries to my account indicated below at the Financial Institution named below, and if necessary initiate adjusting entries to correct a debit entry originated in error. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I understand that I must allow at least 10 days for this ACH request to become effective. I also agree to the terms and conditions set forth in the Truth-In-Savings Disclosure I received at the time of my membership application regarding electronic funds transfers.

Check one: NEW CANCEL 1 TIME STOP PAYMENT CHANGE _____

START DATE _____ TRANSFER AMOUNT \$ _____

FINAL DATE (check one and enter applicable information):

END DATE _____ END PAYMENTS AUTOMATICALLY after Loan is Paid Off (final payment may be lower)

OPEN ENDED LOANS ONLY (VISA, HELOC) If payment exceeds Loan Balance, deposit excess funds to my Chaffey Savings or Checking

MONTHLY TRANSFER FREQUENCY (check one) 1st day of month 5th 10th 15th 25th

ONE TIME TRANSFER ONLY

TRANSFER FUNDS FROM:

ACCOUNT INFORMATION AT YOUR OTHER FINANCIAL INSTITUTION

Chaffey Federal Credit Union is not responsible for as a result of incorrect account information.

Authorized Accountholder _____

Financial Institution Name _____

Address _____ City/State/Zip _____

ABA or Routing & Transit Number _____ Account Number _____ Check one: Savings Checking

PLEASE ATTACH A VOIDED PERSONAL CHECK OR DEPOSIT SLIP FROM YOUR OTHER FINANCIAL INSTITUTION

TRANSFER FUNDS TO:

CHAFFEY FEDERAL CREDIT UNION ACCOUNT INFORMATION

Name on Account _____ Member Account Number _____

Loan ID Number _____ or Share ID Number _____ Loan or Share Description _____

My instructions will be valid until Credit Union has received written notification from me of its termination in such time and manner as to afford Credit Union and Financial Institution a reasonable opportunity to act on it. This authorization may be unilaterally terminated by the Credit Union in cases of excessive returns or member abuse, or whenever any loans have been paid in full with recurring debits. If this form is completed by Collections or other Credit Union Staff by phone: Verified Password: _____ Other: _____ CU Staff Name: _____ Date: _____

Print Your Name: _____ Signature: _____

Date: _____ Daytime Phone Number: _____

Mail to address below or fax to: (909) 986-6462

For questions call: (909) 986-4552 or (626) 960-9329 ext 215

**Chaffey Federal Credit Union
Attention: Accounting Department
P O Box 660
Ontario, CA 91762**

FOR CU USE ONLY:	
Date Received _____	by MSR User ID _____
Verified Info by Ops or Br Mgr User ID # _____	
Ln Pmt Method _____	ACH Lookup _____ Template _____
Laser Fiche Scan _____	
Processed Date _____	by Acctg User ID _____
Revised 4/09	