



ACH AUTHORIZATION FORM

AGCU MEMBER INFORMATION		
Account Number:	Share/Loan ID:	
Name:		
Amount:	Incoming / Outgoing	
Start Date:	Frequency:	Purpose:
*NOTE: A SEPARATE AUTHORIZATION FORM IS REQUIRED FOR EACH TRANSFER RECORD.		

OTHER FINANCIAL INSTITUTION INFORMATION		
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan		
Name of Financial Institution:	Routing Number:	
Account Number:		
Account Name:		
*A VOIDED CHECK MUST BE PROVIDED TO AGCU TO PROCESS YOUR REQUEST.		

TERMS AND CONDITIONS
This authorization will remain in effect until canceled by either party.
I agree to notify AGCU as soon as possible if my Other Financial Institution Information changes.

I (we) hereby authorize Assemblies of God Credit Union (AGCU) to automatically deduct funds for the purpose identified above from the account listed in the Other Financial Institution Information section. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

Signature: _____

ATTACH COPY OF CHECK HERE

Internal Office Use Only:	
Date of Request:	Request Received By:
Date of Setup:	Setup by: