AGCU

ACH AUTHORIZATION FORM

Account Number:		Share/Loan ID:	
Name:			
Amount:	Minimum Loan Payment ☐	☐ Incoming	☐ Outgoing
Start Date:	Frequency:	Purpose:	

*NOTE: A SEPARATE AUTHORIZATION FORM IS REQUIRED FOR EACH TRANSFER RECORD.

OTHER FINANCIAL INSTITUTION INFORMATION

Type of Account:	☐ Checking ☐ Savings	☐ Loan
Name of Financial Institution:		Routing Number:
Account Number:		
Account Name:		

TERMS AND CONDITIONS

This authorization will remain in effect until canceled by either party for recurring entries.

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 Setup:	Setup by: