Consumer Authorization for Direct Payment (ACH Debits)

I authorize APG Federal Credit Union (APGFCU®) to electronically debit my account at the financial institution below as follows:

From

Financial Institution: _____

Routing No. (9 digits): _____ Account No.: _____

❑ Checking ❑ Savings

To APGFCU

Member or Loan No.: _____

I acknowledge that the origination of ACH transactions to my account must comply with all applicable U.S. laws.

One-Time Debit: Payment Date: _____ Amount: $_____

***Recurring Payments**: ❑ **Monthly** ❑ **Weekly** ❑ **Bi-weekly** ❑ **Semi-monthly** Start Date: _____

Select one: ❑ Standard Payment ❑ Other Amount: $_____

I understand that this authorization will remain in full force and effect until I notify APGFCU by contacting our Member Service Center at 800-225-2555, in writing, by mail to P.O. Box 1176, Aberdeen, MD 21001, or at any branch, that I wish to revoke this authorization. I understand that APGFCU requires at least three (3) business days prior notice in order to cancel this authorization.

Items returned for non-sufficient funds and/or uncollected funds may be represented for payment. Fees for returned items will be charged in accordance with APGFCU's fee schedule.

Signature		
Signature:	Print Name:	Date:

This completed form must be received at least three (3) business days before your loan due date. If your payment date falls on a Saturday, Sunday or credit union Holiday; the debit will occur on the next business day.

**For recurring payments, this form must be received with proof of account ownership (voided check, bank statement, etc.) and an unexpired copy of a government-issued ID.*