

Member Name:

Member Address:



### 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: \_\_\_\_\_ 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.*