



### Business Authorization for Direct Payment (ACH Debits)

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

**From**

Financial Institution: \_\_\_\_\_

Routing No. (9 digits): \_\_\_\_\_ Account No.: \_\_\_\_\_

☐ Checking   ☐ Savings

**To APGFCU**

Name of Business Member: \_\_\_\_\_

Member or Business Loan No.: \_\_\_\_\_

*I acknowledge that the origination of ACH transactions to my business account must comply with all applicable U.S. laws and National Automated Clearing House Association (NACHA) rules.*

**One-Time Debit:**      Payment Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**\*Recurring Payments:**   ☐ Monthly   ☐ Weekly   ☐ Bi-weekly   ☐ Semi-monthly   Start Date: \_\_\_\_\_

Select one:   ☐ Minimum Payment   ☐ Other Amount: \$ \_\_\_\_\_

**By signing below, I agree as follows:**

This authorization will remain in full force and effect until I notify APGFCU that I wish to revoke this authorization, by either (1) contacting the Member Service Center at 800-225-2555, (2) writing by mail to APGFCU, P.O. Box 1176, Aberdeen, MD 21001, or (3) speaking in person with an authorized member service representative at any APGFCU branch during business hours. I understand that APG Federal Credit Union requires at least three (3) business days prior notice to cancel this authorization. I may also follow the stop payment and debit authorization termination procedures of the financial institution holding my business account (identified above).

APGFCU may terminate this authorization if (for example) APGFCU is unable to successfully initiate a one-time request or recurring requests returned for reasons other than uncollected or non-sufficient funds or is unable to verify to APGFCU's satisfaction my ownership of the business account identified above.

An ACH transaction returned for non-sufficient and/or uncollected funds may be reinitiated by APGFCU for payment up to a maximum of two times, within 30 business days of the settlement date of the original returned ACH transaction. Fees for returned ACH transactions will be charged in accordance with my business loan agreement with APG Federal Credit Union. My business account (identified above) is also subject to the fee schedule of the financial institution holding the business account.

I remain responsible for making all loan payments when and as required under the terms of my business loan agreement with APGFCU if any requested ACH transaction is returned unpaid for any reason or if this authorization is revoked or terminated for any reason.

The person signing below has full authority to authorize the ACH payment(s) described above, and no other signature is required below to authorize such payment(s).

I agree to keep a copy of this completed form for my future reference.

Authorized Signer		
Signature:	Print Name and Title:	Date:

*This completed form must be received by APGFCU [at its main office or any branch during business hours] at least three (3) business days before your requested loan payment date or the start date shown above. If a payment date falls on a Saturday, Sunday or credit union holiday; the debit will be scheduled for the next business day.*

*\*This form must be received with proof of business account ownership (voided check, copy of bank account statement, etc.) and an unexpired copy of a government issued ID for the authorized signer.*

<i>Internal Use Only:</i>		
<i>Monthly loan payment amount \$</i> _____		
<i>Approved by:</i>		
_____	_____	_____
Name	Title	Date
_____	_____	_____
Name	Title	Date