

CONSUMER AUTHORIZATION FOR DIRECT PAYMENT (ACH DEBITS)

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

From: _____
Name of Financial Institution

From: _____ Checking OR Savings
Routing Number - 9 Digits Account Number

To: APG Federal Credit Union Member/Loan #: _____

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

Bi-weekly Recurring Debit: Start Date: _____ Amount: \$ _____

Monthly Recurring Debit: Start Date: _____ Amount: \$ _____

One Time Debit (2:00 pm daily cutoff): Payment Date: _____ Amount: \$ _____

Multiple but Non-Recurring Debits

These are debits in which the amount and time frame for the initiation of the debits may vary.

I (we) understand that this authorization will remain in full force and effect until I (we) notify APG Federal Credit Union, in writing, by mail to P.O. Box 1176, Aberdeen, MD 21001, or at any branch, that I (we) wish to revoke this authorization. I (we) understand that APG Federal Credit Union 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 APG Federal Credit Union's fee schedule.

Name: _____ Date: _____
Please Print

Signature: _____

Name: _____ Date: _____
Please Print

Signature: _____

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.

