

ACH/Debit Authorization Form

Prime Name				Joint Name			
Account Number		Loan ID		Payment Amount		Payment Due Date	

I hereby authorize TEG Federal Credit Union to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for payments. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

Financial Institution						
Bank Routing Number				Account Number		
Account Type	Checking		Savings			

This authority is to remain in full force and effect until TEG Federal Credit Union has received written notification from me (or either of us) of its termination 10 business days prior to the next transfer to afford TEG Federal Credit Union and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

I (We) acknowledge that if the payment is returned for whatever reason, the payment will be reprocessed immediately. If this same payment is returned a second time, a \$33.00 fee will be charged, and the payment reversed.

(Signature)

(Date)

(Joint Signature)

(Date)

