



How to Begin ACH Payments

If you'd like us to deduct your payments automatically and electronically from another bank account of your choice, we can easily set that up! We will need a few things from you, as well as a signature at the bottom of this form.

Member Name: _____

Market USA FCU Member Number: _____

Debit the Following Financial Institution/Account for my Payment:

Name of Financial Institution: _____

Financial Institution Phone Number: _____

Account Number: _____

Routing Number: _____

Effective Date: _____

Debit My Account: Weekly Bi-Weekly Monthly

If you have checks for the account being debited, attach or staple a **VOIDED CHECK** to this form.

AGREEMENT:

I (we) authorize Market USA Federal Credit Union to initiate debit entries to my (our) account indicated and the depository named to debit the same such account. This authority is to remain in full force and effect until Market USA Federal Credit Union has received **written notification** from me of its termination in such a manner as to afford Market USA Federal Credit Union and Depository a reasonable time to act on it.

Written authorization is required to stop a debit entry. Stop authorizations must be received at least 5 business days before the next scheduled date of debit in order to be effective for that date. Distributions to loans paid in full, which are not stopped, will be credited to the member's savings account. I (we) further authorized Market USA Federal Credit Union to initiate any adjustment(s) necessary to correct error(s) in previous debit entries. I understand that I will be notified of any such adjustments. Changing depository, account number, date of debit, or starting a new debit entry, requires receipt by Market USA Federal Credit Union of the written authorization at least 15 business days prior to the scheduled start date specified on the authorization. **A debit entry returned for any reason will incur a fee of \$29.** Excessive returns will result in revocation of any privileges or discounts associated with pre-authorized debits.

I have read and fully understand the policies outlined and agree to these terms. I agree to hold Market USA Federal Credit Union harmless for any action that may arise because of this debit.

Signature: _____ Date: _____

Loan Dept. Use Only: Payment Amount: _____ L-Type: _____ First Pymt Due: _____