# FIRSTLIGHT FEDERAL CREDIT UNION ACH ORIGINATION

### **ACH AUTOMATIC LOAN PAYMENT AUTHORIZATION**

			ARC CCD
Please Print			POP
FIRSTLIGHT FEDERAL CREDIT UNIO	N PAYMENT INFORMATION:		PPD
Deposit funds to (credit) my FirstLig			RCK
			TEL WEB
Member Name: First	Last		
FIISL	LdSt		
Member #			
Dollar Amount: \$	Starting Date of First Autom	natic Payment:	
	Ending Date of First Autom	natic Payment:	* For Onetime Transfer
Frequency: One Time	Reoccuring		
☐ Weekly ☐ Bi-Weekly ☐	Semi-Monthly <i>Transfers will be proces</i> Monthly	ssed on the and	<u>.</u>
OTHER FINANCIAL INSTITUTION IN	FORMATION:		
Pull Funds From (Debit) My Account	n <u>t:</u>		
Name on Account:			
First If non-member	Last		
please provide DOB:			
Name of Financial Institution:			
Routing / ABA #		Account #:	
Account Type: (Check One)	Checking Savings		
Change Transfer From:	To:		
Note: If financial institution information		be completed.	
	•	•	
Member Signature for change		Date	
Operator number	Employee Signature	 Date	

## FIRSTLIGHT FEDERAL CREDIT UNION ACH ORIGINATION

#### **ACH AUTOMATIC LOAN PAYMENT AUTHORIZATION**

#### **MEMBER PLEASE READ BEFORE SIGNING:**

Operator number

Payments do not automatically stop once the loan is paid off or if an account has been closed. Automatic payments will continue until this authorization is cancelled.

## **AUTHORIZATION** I (We) authorize FirstLight Federal Credit Union (FirstLight) to automatically transfer funds as described above. I (We) acknowledge and agree that: I (We) will maintain sufficient funds to cover such transfers,; b) FirstLight is not responsible for any fees, penalties, or late charges which may arise when funds are not available; c) the rights of FirstLight with respect to each transfer shall be the same as if it were a withdrawal evidenced by a written request personally signed by me (us); d) FirstLight retains the right to require a 10 business day notice in writing from me (us) prior to any intended transfer from my account; e) the origination of automated clearing house a/k/a ACH transactions to/from my (our) account must comply with the provisions of U.S. and other applicable laws; f) the transfers are governed by the rules of the NACHA - The Electronic Payment Association f/k/a National Automated Clearing House Association, and by applicable law; g) this authorization will remain in effect unless cancelled by FirstLight or unless revoked by me in accordance with the next sub-paragraph; and h) revocation in such time and in such manner as to afford FirstLight a reasonable opportunity to act on it. i)FirstLight retains the right to require a 10-business day notice in writing from me (us) prior to any intended revocation of transfer from my account; j) FirstLight can be contacted via phone at 800.351.1670, via secure email within online/mobile banking, or by visiting any one of our branches. Any ACH rejected/returned three consecutive times will automatically be cancelled by FirstLight. Employee Signature Operator number Date **CANCELLATION AUTHORIZATION** I (We) authorize FirstLight to cancel the above described automatic transfer of fund. Cancellation fees may apply. These fees are set forth in the Fee Schedule located on our website. Signature:

Please mail original form to P.O. Box 24901, El Paso, TX 79914 for processing.

Date

Employee signature