

**FIRSTLIGHT FEDERAL CREDIT UNION
ACH ORIGINATION
ACH AUTOMATIC LOAN PAYMENT AUTHORIZATION**

<input type="checkbox"/> ARC
<input type="checkbox"/> CCD
<input type="checkbox"/> POP
<input type="checkbox"/> PPD
<input type="checkbox"/> RCK
<input type="checkbox"/> TEL
<input type="checkbox"/> WEB

Please Print

FLFCU PAYMENT INFORMATION:

Deposit funds to (credit) my FLFCU Loan:

Member Name: _____
First Last

Member # Loan # _____

Dollar Amount: \$ _____ Starting Date of First Automatic Payment: _____

Ending Date of First Automatic Payment: _____ * For Onetime Transfers

Frequency:

- One Time**
 Weekly Semi-Monthly *Transfers will be processed on the _____ and _____.*
 Bi-Weekly Monthly

OTHER FINANCIAL INSTITUTION INFORMATION:

Pull Funds From (Debit) My Account:

Name on Account: _____
First Last

If nonmember
 please provide: DOB: _____ MM/DD/YY _____

Name of Financial Institution: _____

Routing / ABA # Account #: _____

Account Type: *(Check One)* Checking Savings

Change Transfer From: _____ To: _____

Note: If financial institution information changes – a new form must be completed.

Member signature for change _____ Date _____

 Operator number Employee Signature Date

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MEMBER PLEASE READ BEFORE SIGNING:

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 (FLFCU) to automatically transfer funds as described above. I (We) acknowledge and agree that: a) I (We) will maintain sufficient funds to cover such transfers;; b) FLFCU is not responsible for any fees, penalties, or late charges which may arise when funds are not available; c) the rights of FLFCU 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) FLFCU 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 FLFCU 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 FLFCU a reasonable opportunity to act on it. **Any ACH rejected/returned three consecutive times will automatically be cancelled by FLFCU.**

Date: _____ Signature: _____

Operator number

Employee Signature

Date

CANCELLATION AUTHORIZATION

I (We) authorize FLFCU to cancel the above described automatic transfer of fund.

Date: _____ Signature: _____

Operator number

Employee signature

Date

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