\_\_\_ARC

\_\_\_CCD

\_\_\_POP

\_\_\_PPD

\_\_\_RCK

\_\_\_TEL

\_\_\_WEB

Please Print

**Firstlight Federal Credit Union Payment Information:**

**Deposit funds to (credit) my FirstLight 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: |  | |  |  | | |
| If non-member please provide DOB: | **First** | |  | **Last** | | |
| 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

**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 (FirstLight) 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) 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. **Any ACH rejected/returned three consecutive times will automatically be cancelled by FirstLight.**

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Signature: |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Operator number Employee Signature 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.

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Signature: |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Operator number Employee signature Date

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