

ACH AUTHORIZATION FORM FOR RECURRING TRANSACTIONS



**EDUCATION
PERSONNEL**
FEDERAL CREDIT UNION

PAYROLL DIRECT DEPOSIT SPLIT

Name of Employer _____

Deposit \$ _____ to EPFCU Account # and Suffix _____

Deposit \$ _____ to EPFCU Account # and Suffix _____

Deposit \$ _____ to EPFCU Account # and Suffix _____

The data processing system will not automatically update this authorization if I change jobs, or the deposit is sent with a different name. I understand that I am responsible for notifying EPFCU of a payroll deposit change.

INTERNAL AUTOMATIC TRANSFER

Withdraw Funds from EPFCU Account # and Suffix _____

Starting Date ____/____/____ Biweekly _____ Semi-monthly (1st & 15th) _____ Monthly _____ Annually _____

Deposit \$ _____ to EPFCU Account # and Suffix _____

Deposit \$ _____ to EPFCU Account # and Suffix _____

Deposit \$ _____ to EPFCU Account # and Suffix _____

ACH TO/FROM ANOTHER FINANCIAL INSTITUTION

Withdraw Funds from _____ (Financial Institution)

Routing # _____ Account # _____ Account Type _____

Amount \$ _____ Starting Date ____/____/____ Semi-monthly (1st & 15th) _____ Monthly _____

Deposit funds to _____ (Financial Institution)

Routing # _____ Account # _____ Account Type _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify EPFCU, in writing, of any changes to my account, or my request to terminate this authorization at least fifteen (15) days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH transaction being rejected for Non-Sufficient Funds (NSF) I understand that EPFCU may, at its discretion, attempt to process the charge again within thirty (30) days. I agree to an additional \$20.00 charge for each attempt that is returned NSF, which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with the other financial institution, so long as the transactions correspond to the terms indicated in this authorization form.

Signature _____ Printed Name _____

Processed By _____ Date ____/____/____