

## AUTO PAY YOUR WAY

\*\*Not available for Commercial accounts\*\*

### Direct Deposit Distribution (Must complete with HAPO Employee)

Member's Name: \_\_\_\_\_ Account # \_\_\_\_\_

Name of Depositor \_\_\_\_\_

**Itemized Distribution**

Account \_\_\_\_\_ Suffix \_\_\_\_\_ Amount \_\_\_\_\_

Account \_\_\_\_\_ Suffix \_\_\_\_\_ Amount \_\_\_\_\_

Account \_\_\_\_\_ Suffix \_\_\_\_\_ Excess \_\_\_\_\_

I understand that this request will remain in full effect unless terminated by me in writing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Automatic Transfer from HAPO Account

Member's Name: \_\_\_\_\_ New  Change to Existing

Transfer Amount \_\_\_\_\_ Posting Date \_\_\_\_\_

Account From \_\_\_\_\_ Suffix \_\_\_\_\_ Account To \_\_\_\_\_ Suffix \_\_\_\_\_

I understand that this request will remain in full effect unless terminated by me in writing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### ACH Debit Origination Authorization (From Other Financial Institution)

\*\*If you choose this option, please attach/staple a VOIDED check\*\*

Member's Name: \_\_\_\_\_ HAPO Account # \_\_\_\_\_  
HAPO Account/Suffix \_\_\_\_\_

Financial Institution payment is coming from \_\_\_\_\_ Routing/ABA # \_\_\_\_\_

Name on From Account \_\_\_\_\_ From Account # \_\_\_\_\_ Checking  Savings

Total Amount \_\_\_\_\_ Starting Month: \_\_\_\_\_ Post Date: \_\_\_\_\_ 1st-27th New  Change to Existing

The amount, frequency, and other details of the entries are further described above. In the event of an error, I give HAPO permission to make a correcting debit or credit entry as necessary. This authorization is to remain in full force and effect until HAPO has received written notice of termination from me, and HAPO has had 3 business days to act on the notice. I understand that HAPO reserves the right to cancel ACH transactions without written consent under certain circumstances. Reasons that the credit union may exercise their right to cancel an ACH transaction include, but are not limited to the following: 1) Loan to which credit is being applied has been paid in full. 2) An ACH transaction is returned to HAPO due to a stop payment or closed account. 3) HAPO receives excessive NSF returns of an ACH transaction. In the event of a cancellation, a new ACH debit origination form must be submitted in order to re-initiate the ACH debit. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law, and that ACH transactions are subject to the operating rules of the National Automated Clearing House Association. I understand and agree that in order for HAPO to make the debit entries requested in this authorization, I must have the payment amount available in my account. Any ACH entries returned to HAPO for insufficient funds will be subject to a \$28 NSF fee. Returned ACH entries will result in a reversal of the credit(s) posted, and a late penalty may also be incurred in accordance with the terms of the loan documents. I(We) understand that the account cannot be closed if there is a balance owed on returned fees. I(We) hereby acknowledge receipt of a copy of this authorization. In circumstances where a loan may only have a partial payment due, the Credit Union will continue to collect the total distribution amount until the loan balance is paid in full. Any excess funds will be credited to your HAPO savings account. Please allow HAPO 3 business days to process setup of auto pay.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*\*For Internal Purposes Only\*\*

Teller Number: \_\_\_\_\_

Non member Driver's License: \_\_\_\_\_

OFAC completed on Non member: \_\_\_\_\_