

****Auto Pay distributions are not available for Commercial accounts****

Automatic Transfer from HAPO Account

Member's Name _____ New Change to Existing
 Transfer Amount _____ Posting Date _____
 Account From _____ Share ID _____ Frequency: Monthly Weekly Bi-weekly
 Account To _____ Share ID _____

I understand 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 a voided check

Member's Name _____ New Change to Existing
 HAPO Account # _____ Share ID _____
 Financial Institution payment is coming from _____ Routing/ABA # _____
 Name on From Account _____ From Account # _____ Checking Savings
 Total Amount _____ Start Date _____ Frequency: Monthly Weekly Bi-weekly

Please note: Mortgage payments may only have a frequency of monthly, and no partial payments

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 ****

Employee: _____ Non-member Driver's License: _____

OFAC Completed on Non-member