HAPO Community Credit Union

ACH DEBIT AUTHORIZATION

For recurring monthly electronic transfers from an account at another financial institution.

☐ New ☐ Update

HAPO Account Information

MEMBER NAME

ACCOUNT NUMBER

LOAN ID FOR PAYMENT (not available for Credit Cards)

Other Financial Institution Account Information

*If using a checking account, attach a voided check

FINANCIAL INSTITUTION NAME

ROUTING/ABA NUMBER

ACCOUNT HOLDER NAME *(if not a HAPO member, copy of photo ID required)*

ACCOUNT NUMBER FUNDS DEBITING FROM

ACCOUNT TYPE: ☐ Checking ☐ Savings

$_____

TOTAL AMOUNT (for Mortgages, must at least cover monthly payment)

START DATE *(allow 3 business days)*

FREQUENCY: ☐ Monthly* ☐ Weekly Mon. - Fri. ☐ Bi-Weekly Mon. - Fri. ☐ Semi-Monthly 1st - 31st. _ / _ Day Day

*Mortgage payments must be monthly

Authorization and Disclaimer

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 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 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 an NSF fee. Returned ACH entries will result in a reversal of the credit(s) posted, and a late penalty may 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, except for mortgage loans, 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. For the final payment on a mortgage loan, if the scheduled monthly payment amount will not cover the amount owed for principal, interest, and fees, we may not debit the partial payment; you will need to contact us for the final payment amount and arrange how to make the final loan payment.

SIGNATURE OF MEMBER

DATE

SIGNATURE OF NON-MEMBER (IF APPLICABLE)

DATE

For Internal Use

EMPLOYEE: _____

DEBITING ACCOUNT HOLDER NON-MEMBER:

☐ Person Record Created ☐ OFAC Completed ☐ Copy of ID provided