

AUTHORIZATION FOR ACH DEBITS

NEW

CHANGE

CANCEL

I hereby authorize Via Credit Union to initiate Automated Clearing House debit entries from my accounts as indicated below. I understand that my name must be on both the sending and receiving accounts. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of the U.S. law.

To Via Credit Union:

Name _____

Account Number _____ Savings Checking Loan Payment

Amount \$ _____

From:

Institution _____

Routing Number _____

Account Number _____ Savings Checking

Start Date _____ (must be a minimum of two weeks after ViaCU receives form)

Weekly Bi-Weekly 1st & 15th Monthly

*****PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM*****

This authority is to remain in full force and effect until ViaCU has received written notification from me of its termination in such time and manner as to afford ViaCU a reasonable opportunity to act on it.

Signature _____

Date _____

Please mail completed form to:

Via Credit Union
Attn: Accounting
4505 S. Adams St.
Marion, IN 46953

CU Employee _____

Set up _____

Cancel _____

Approved _____

Approved _____