



ACH AUTHORIZATION FORM

CONSUMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH (ACH DEBIT)

Direct payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment.

I authorize SAN JOAQUIN POWER EMPLOYEES CREDIT UNION (SJPECU) to electronically initiate entries to my account at the financial institution listed below and if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until SJPECU is notified by me in writing to cancel it in such time as to afford SJPECU and the financial institution a reasonable opportunity to act on it.

Check One: NEW ACH CHANGE ACH CANCEL ACH

FINANCIAL INSTITUTION

Name: _____

Address: _____

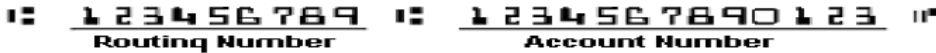
*****Please Attach Copy of a
Voided Check*****

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Routing #

Checking/Savings Account #

These numbers are located on the bottom of your check as follows:



CREDIT UNION DISTRIBUTION

SUFFIX	PAYMENT AMOUNT	OR	FIXED AMOUNT
<u>Savings</u>	████████		_____
_____	<input type="checkbox"/>		_____
_____	<input type="checkbox"/>		_____
_____	<input type="checkbox"/>		_____
_____	<input type="checkbox"/>		_____

FREQUENCY (Check One)

- ___ Bi-Weekly (every two weeks)
- ___ Semi-Monthly (twice a month)
- ___ Monthly
- ___ One Time Only

*DESIRED START DATE: _____

*Signed ACH Authorization Form must be received at least 15 days prior to desired start date.

MEMBER INFORMATION

Member Name (Please Print): _____ Account # _____

Member Address: _____ Phone # _____

E-mail _____

Member Signature: _____ Date: _____

-----**FOR CREDIT UNION USE ONLY**-----

Date Received: _____

Effective Date: _____

Entered By _____

Checked By _____