

☐ New Request

☐ Update _____ ACH DEBIT AUTHORIZATION REQUEST



PROSPECTORS

FEDERAL CREDIT UNION

1310 So. Valley Vista Dr., Diamond Bar, CA 91765 • T (909) 396-9688 • F (909) 396-6226 • www.prospectorsfcu.org

I (we) hereby authorize Prospectors Federal Credit Union to initialize debit entries to my checking/savings account at the financial institution listed below, and if necessary, initiate adjustments for any transactions credited/debited in error. This authorization will remain in effect until Prospectors Federal Credit Union is notified by me (us) in writing to cancel it in such a time as to afford Prospectors Federal Credit Union a reasonable opportunity to process the request.

FROM: _____
(Name of Financial Institution) (Routing Number) (Account Number)

TO: Prospectors Federal Credit Union _____
(PFCU Acct Number) \$ _____
(Amount)

FREQUENCY: (circle one) Weekly Bi-weekly Semi-monthly Monthly

DAYS/DATES to be withdrawn from your checking: _____

START DATE: _____
(First date must be at least 2 weeks after enrollment date)

DISTRIBUTION: \$ _____ \$ _____ \$ _____
(Savings) (Checking) (Loan)

I (we) understand and agree that:

- Prospectors Federal Credit Union reserves the right to cancel this agreement and terminate this origination, with or without cause, followed by a written notification to me (us).
- The origination of an ACH transaction to or from my (our) account must comply with the provision of the United States Laws and Federal Regulations.
- Prospectors Federal Credit Union shall be held harmless if the funds are not transmitted correctly/timely due to incorrect information, FRB delays or errors, or insufficient funds.
- These transactions are recognized as deposits or withdrawals, and in the case of insufficient funds, these transactions are subject to the current PFCU NSF fees as determined by the Board of Directors
- **An \$8.00 ACH Origination Fee will be assessed to your PFCU account at the time of set-up.**
- I understand any requests to change the above terms (including cancelling this authorization) must be submitted in writing at least 2 weeks prior to the requested change date.

Continued
ACH Debit Authorization Form

(Sign Name)

(Print Name)

(Print Address)

(Phone Number)

*****PLEASE TAPE A VOIDED CHECK TO THIS FORM*****

Office Use

Processed By: _____ Date: _____ Frequency: _____ Day/Date: _____