



## AUTHORIZATION FOR ACH PAYMENT / DEPOSIT

I hereby authorize Connected Credit Union, hereinafter called CREDIT UNION, to initiate a withdrawal from my account at the financial institution named below, hereinafter called FINANCIAL INSTITUTION. I (we) acknowledge that the origination of ACH transactions to my account must comply with the provisions of the U.S. law and the NEACH (New England Automated Clearing House) Operating Rules.

### FINANCIAL INSTITUTION INFORMATION:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_

ROUTING #: \_\_\_\_\_ ACCT #: \_\_\_\_\_

ACCOUNT TYPE: \_\_\_SAVINGS or \_\_\_CHECKING (check one)

### Payment information:

Starting Date: \_\_\_\_\_ Monthly Amount: \$ \_\_\_\_\_

Transfer to occur how frequently: \_\_\_\_\_

(weekly, bi-weekly, monthly followed by the day or date, i.e. weekly each Monday; monthly on the 15th)

APPLY TO CONNECTED CREDIT UNION ACCOUNT/LOAN # \_\_\_\_\_

This authorization is to remain in full force and effect until *CREDIT UNION* has received written notification from me of its termination in such manner as to afford *CREDIT UNION* a reasonable opportunity to act on it (generally 3 business days before the scheduled payment date). This authorization may be unilaterally terminated by the *CREDIT UNION* in cases of excessive returns or member abuse, or whenever the loan # above has been paid in full. Any excess payments received after the loan is paid in full will be credited to the member's share account.

I understand that should a transaction date fall on a weekend or holiday, the transaction will be processed the next business day. I further acknowledge that I will not hold *CREDIT UNION* responsible for uncompleted transactions because of insufficient funds on my *FINANCIAL INSTITUTION* account. At any point the *CREDIT UNION* has the ability to review transactions initiated under this agreement to ensure compliance with all applicable rules and regulations.

PRINTED NAME: \_\_\_\_\_ MEMBER # \_\_\_\_\_

Signature (s): \_\_\_\_\_

By signing above, I authorize Connected Credit Union to contact my financial institution to verify the information provided.

**P.O. Box 1096 85 Civic Center Drive Augusta, ME 04332-1096  
(207) 623-3857**