



126 E 3rd St
Chadron, NE 69337
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ACH AUTOMATIC PAYMENT / DEPOSIT AUTHORIZATION

I hereby authorize Chadron Federal Credit Union to initiate an ACH entry to the account indicated below and the financial institution named below. I (we) acknowledge that the origination of ACH transactions to/from my account must comply with the provisions of U.S. law.

FINANCIAL INSTITUTION INFORMATION

MEMBER NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

FINANCIAL INSTITUTION NAME: _____

ROUTING NUMBER: _____ ACCOUNT NUMBER: _____

ACCOUNT TYPE: CHECKING SAVINGS LOAN (CIRCLE ONE)

TRANSACTION TYPE: CREDIT DEBIT (CIRCLE ONE)

TRANSACTION TYPE: ONE TIME RECURRING MONTHLY (CIRCLE ONE)

PAYMENT INFORMATION

STARTING DATE: _____
This is the date SENT from CHADRON FCU, not the date received by above named account holder. Effective dates are subject to SUNCORP daily cut off times (4 PM Mountain) and Federal Holidays.

DOLLAR AMOUNT: \$ _____

CFCU ACCOUNT NUMBER TO BE AFFECTED: _____

CHADRON FEDERAL CREDIT UNION WILL ACH ORIGINATE THE REQUESTED TRANSACTION PER THE INSTRUCTIONS PROVIDED ABOVE. CHADRON FCU DOES NOT TAKE RESPONSIBILITY FOR ROUTING NUMBER OR ACCOUNT NUMBER PROVIDED IN ERROR OR ITEMS RETURNED FOR REASONS OUT OF OUR CONTROL (IE CLOSED, NON-TRANSACTION, OR OTHER) MEMBERS SHOULD VERIFY SENDING INFORMATION WITH RECEIVING FINANCIAL INSTITUTION BEFORE INITIATING AN ACH TRANSACTION.

PRINT INDIVIDUAL NAME: _____

SIGNATURE: _____ DATE: _____

*****PLEASE PROVIDE A VOIDED CHECK OR A COPY OF A VOIDED CHECK*****