



SABINE
Federal Credit Union

PO BOX 3000
ORANGE, TEXAS 77631
409.988.1300

where you matter most

SABINEFCU.ORG

Recurring Loan Payments ACH Authorization Instructions

Please complete all blanks except the shaded area on the reverse side.

You may submit the signed and completed form via e-mail at sabinefcu@sabinefcu.org, faxed to 409-988-1375, or mailed to P.O. Box 3000, Orange, TX 77631-3000.

Forms must be received by the accounting department no later than 3 banking days before the first scheduled posting date. Please provide a daytime telephone number below so the ACH department may contact you with any questions.

If you have any questions completing the forms, please contact the accounting department at 409-988-1300 Monday thru Friday from 8:30 am until 5:00 pm.

Last four digits of the account number:

Account suffix:

Scheduled payment amount:

Due date(s):

Daytime telephone number: _____

(In case there are questions setting up the payment order)



Authorization Agreement for Recurring Loan Payments

Date Received: _____ Time Received: _____ Received/Verified By: _____

I / We, _____, hereby authorize Sabine Federal Credit

Union to initiate recurring ACH debit and credit entries in the amount of \$_____ (must be less than \$2000.00) and if necessary make any adjustment entries for errors to your bank accounts listed below.

The debit entries will be initiated from account # _____ Ck ___ Sv ___

Routing Number _____ at _____.

This payment will be credited to account # _____ loan # _____

Routing Number **313186938** at **Sabine Federal Credit Union.**

All debit and credit entries will be initiated on or after the scheduled posting date.

(Please choose appropriate posting schedule below.)

Completed authorization must be received by Accounting Department no later than 11:00 am 3 Banking Days before 1st, Scheduled Posting Date.

Available date choices are 1st thru 28th or last. (For days 29, 30, or 31, must choose last day of month.)

Monthly _____, on the day _____ of each month, beginning on date _____.

Bi-Monthly _____, on the _____ and _____ day of each month beginning on date _____.

Weekly _____, on _____ of each week beginning on date _____.

If this authorization is for the purpose of a loan payment with Sabine Federal Credit Union the following statements will apply.

1. I/we authorize Sabine Federal Credit Union to increase the amount of this authorization by a corresponding amount in the event my/our loan payment is increased due to an event or default.
2. Any loan payments occurring after loan payoff will be credited to the membership share account of the primary borrower.

I / We acknowledge that the origination of ACH transactions to my/our account must comply with all applicable law. This authorization is to remain in full force and effect, until Sabine Federal Credit Union has received from me/us, written notice of termination. Written notice of termination must be received by Sabine Federal Credit Union at least five business days before the Scheduled Posting Date. **Any originated ACH transactions that are returned unpaid will incur a \$10.00 return item fee.** Return of three consecutive ACH transactions will render this Authorization Cancelled by Sabine Federal Credit Union.

Account Holder Name: _____ Date: _____

Account Holder Signature: _____

Account Holder Daytime Phone Number(s): _____

CREDIT UNION USE ONLY

Date Mailed: _____ Mailed By: _____

Customer ID # _____ Routing & Transit Verified by _____



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Approved By: _____ Date: _____