



Authorization Agreement for Recurring ACH Credit/Debit Entries

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 \$_____ and if necessary make any adjustment entries for errors to your bank accounts listed below.

The debit entries will be initiated to account # _____ Ck__ Sv__

Routing Number _____ at _____.

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

Routing Number _____ at _____.

All debit and credit entries will be initiated on or after the scheduled posting date.
(Please choose appropriate posting schedule below.)

All request must be received by accounting no later than 11:00 am for posting 5 business days from today.

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 _____.

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

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

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 seven 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.

Name: _____ Date: _____

Account Holder Signature: _____

Account Holder Phone Number(s): _____

CREDIT UNION USE ONLY

Date Mailed: _____ Mailed By: _____

Customer ID # _____ Routing & Transit Verified by _____

