



HERITAGE
credit union

**ACH Origination
Authorization to initiate/change debit/credit entries**

(PLEASE ATTACH A COPY OF A VOIDED CHECK)

Heritage Credit Union Information

I authorize Heritage Credit Union to initiate entries to my checking/savings account. **This authority will remain in effect until I notify you in writing to revoke authorization or by signing this release form** below no less than 5 days before the regularly scheduled payment date. If there are no funds available for these transactions, normal NSF fees will apply and the loan payment will be backed off and arrangements will be made to make a manual loan payment for the backed off funds.

Member Signature _____

Date _____

Name - Please Print

Account Number: _____ Escrow Savings ____ Loan ____
(Please check one box)

Initial payment amount: \$ _____

This form must be received by Accounting 6 Business days (not consecutive calendar days) prior to the first scheduled payment date. If received by Accounting within less than 6 Business days prior to the first scheduled payment date, it will go into effect the month after the scheduled payment date.

Scheduled payment date: _____ If payment date lands on a non-business day (weekend or holiday) the payment will be made on the next business day.

Other Financial Institution Information

Name of Financial Institution - other than Heritage Credit Union

City _____

State _____

Zip Code _____

Account Number at other FI: _____ Savings ____ Checking ____
(Please check one box)

Financial Institution Routing Number / ABA number: _____
(between these symbols !: !: on the bottom left of your check)

Release of Authorization

On _____ I authorized Heritage Credit Union to initiate electronic entries to my checking/savings account as stated above but today I am revoking my authorization.

Member Signature _____

Date _____