



# Automatic Payment Authorization

Authorization Type: **New** **Cancel** **Change**

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Member Name: \_\_\_\_\_

Account/Loan to be Credited: \_\_\_\_\_ Phone #/Contact Info: \_\_\_\_\_  
(Account to which the payment will be applied.)

**FREQUENCY:** Monthly Date: \_\_\_\_\_  
Semi-Monthly Dates: \_\_\_\_\_ & \_\_\_\_\_  
Bi-Weekly Every other: Mon Tues Wed Thur Fri (Select One)  
External Payments Only  
Weekly Every: Mon Tues Wed Thur Fri (Select One)  
External Payments Only

**START DATE:** \_\_\_\_\_ Check here to run a one-time auto payment before listed start date.

## EXTERNAL PAYMENTS AUTHORIZATION (from an external financial institution)

I authorize River Valley Credit Union to initiate a debit from my account at the financial institution below. I also authorize River Valley to initiate, if necessary, a debit or edit entry to correct or adjust any entry made to my account in error. This authority will remain in effect until I notify, in person or in writing, RVCU to cancel authorization.

**Notification to River Valley Credit Union must be received at least 5 days prior to your current scheduled payment date for any changes, new authorizations or cancellations.**

**ACCOUNT TO BE DEBITED:** Name of Financial Institution: \_\_\_\_\_  
Name on Account: \_\_\_\_\_  
Routing/Transit Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Savings Checking  
Transfer/Payment Amount: \_\_\_\_\_

## INTERNAL TRANSFER/PAYMENTS AUTHORIZATION (within River Valley CU)

I authorize River Valley Credit Union to initiate a debit from my account noted below. I also authorize River Valley to initiate, if necessary, a debit of credit entry to correct or adjust any entry made to my account in error.

River Valley will attempt to transfer the full amount selected, up to the available balance from the selected deposit account, on the scheduled transfer date.

Any remaining payment required after this transfer will not be automatically transferred; I understand I will be responsible for any remaining required payment amount.

**ACCOUNT TO BE DEBITED:** Account Number: \_\_\_\_\_  
Minimum Payment : \_\_\_\_\_ OR Specific Payment: \_\_\_\_\_

*This authorization will remain in full force and effect until River Valley Credit Union has received written notification from me of its termination in such time and in such matter as to afford River Valley Credit Union a reasonable opportunity to act. I understand if funds are not available for any reason from my account designated (either internal account or external transfer institution), I may be charged a non-sufficient funds fee by River Valley Credit Union and I may be charged a fee by my depositor financial institution. River Valley Credit Union reserves the right to terminate this authorization at any time for the return of a debit to us for any reason.*

Signature of Account Holder: \_\_\_\_\_ Date: \_\_\_\_\_

**CREDIT UNION USE ONLY:** Accepted By: \_\_\_\_\_ Date: \_\_\_\_\_ Processed By: \_\_\_\_\_ Date: \_\_\_\_\_