

## AUTHORIZATION FOR AUTOMATIC PAYMENTS

I authorize River Valley Credit Union to initiate a ( ) debit from my ( ) checking or ( ) savings account (*select one*) at the financial institution named below. I also authorize River Valley Credit Union to initiate, if necessary, a debit or credit entry to correct or adjust any entry made to my account in error. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

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Name of Financial Institution

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City

State

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Financial Institution Routing #

Checking Acct. # or Savings Acct. #

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Member Name (PLEASE PRINT)

Phone #

### Member Information:

Credit Union Routing # 273972596 Credit Union Account # \_\_\_\_\_

( ) Share      ( ) Share Draft      Loan Suffix \_\_\_\_\_ (if applicable)

Please debit/credit (choose one) my account \_\_\_\_\_ weekly \_\_\_\_\_ bi-weekly \_\_\_\_\_ monthly  
on the \_\_\_\_\_ of each month in the amount of \$ \_\_\_\_\_ Beginning on \_\_\_\_\_.

If posting date falls on a weekend or holiday, I understand that my account will be debited on the following business day.

This authority will remain in effect until I notify in person or in writing, the above named credit union to cancel the authorization in such time as to afford said credit union a reasonable opportunity to act on it.

I have been given a copy of this authorization for my records.

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Signature of Member

Date

### Print out this form, complete, sign and return:

Email: [rvcu@rvcu.org](mailto:rvcu@rvcu.org)

Fax: (515) 232-0051

Mail/Drop Off: 2811 E 13th St • Ames, IA 50010

Call (515) 232-1654 if you have any questions.