

ACH Loan Automatic Payment Authorization Form

I, _____, authorize Smart Financial Credit Union to charge my bank account as indicated below.

Amount: **AMOUNT DUE**

Excess Amount to Transfer –

Frequency:

Beginning (Next Payment Due Date):

Note: ACH debits will occur on the payment due date based upon the loan payment frequency

SFCU Loan Number:

Home Phone #

Work Phone #

Billing Address

City, State, Zip

Email

Account Type (Checking or Savings):

Name on Acct

Bank Name

Account Number

Bank Routing #

Bank City/State

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Smart Financial in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) or any other reason, I understand that Smart Financial may charge a \$30.00 ACH return origination fee and at its' discretion, may attempt to process the charge again within 30 days, and I agree to an additional \$30.00 fee for each attempted returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

By signing below, I confirm that all of the above information is correct. I understand that any incorrect information could result in delayed loan processing, delayed loan payment and non-refundable fees.

Signature and Date

Signature and Date

Stop/Delete effective date _____ (please allow 72 hours for processing)