



- New
- Change

AUTHORIZATION AGREEMENT FOR ACH TRANSACTIONS

I (we) hereby authorize **Latvian Credit Union** to initiate **debit** entries to my (our) account(s) as indicated below and the financial institution name below, hereinafter called Financial Institution, to **debit** the same to such account. I (we) agree to have available funds in my (our) account on the designated date to effect this transfer. I (we) agree to pay any applicable fees for this service as disclosed in the Fee Schedule. This authority will remain in effect until I (or either of us) notify the credit union in writing at least one week prior to the next settlement date. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Account Funds Coming From:

Attach voided check!

Financial Institution _____ Amount \$: _____

Address _____ Telephone # _____

Routing # _____ Account # _____ Checking Savings

Starting Month _____ Day of Month 1 5 10 15 20 25 (circle one)

Account Funds Posting To:

Account # _____ Savings

Latvian Credit Union will make every effort to complete this transfer unless circumstances beyond our control prevent the transfer, despite reasonable precautions that we have taken. All terms and conditions of your account agreement apply to this agreement

If the transaction debit date falls on a Saturday, Sunday, or CU holiday, this transfer will automatically be made on the following business day.

Member Name (please print) _____

Member Signature _____

Date _____

CU Only --- Enter by _____ Verified by _____

I hereby authorize **Latvian Credit Union** to cancel the above described automatic entry effective as of _____ (Fill in Date). Please give us one week notice.

_____ (Signature of Member)