Service, Integrity and Financial Stability for Valley Oak Credit Union members.

ACH AUTHORIZATION

I (we) hereby authorize Valley Oak Credit Union (VOCU) to initiate recurring ACH entries on my (our) behalf. Please **Withdraw or Transfer** from the financial institution and account listed below starting on _____.

☐ **New** ☐ **Change Existing Authorization** ☐ **Delete**

Specific Date: _____ or_____
(Number day of the month) *(weekly, bi-weekly, monthly)*

Transfer From:

Financial Institution: _____

_____ _____
(Account Number) *(Routing/Transit Number)*

Type of Account: ☐ Savings ☐ Checking ☐ Specify:_____

Address:_____
(Street) *(City / State)* (Zip code) *(Phone Number Required)*

Transfer To:

Valley Oak Credit Union Member Number: _____

Share Type: _____ $_____ **OR** Loan # _____ $_____

This authority is to remain in full force and effect until Valley Oak Credit Union has received written notification from account holder(s) of termination in such time and manner as to afford Valley Oak Credit Union a reasonable opportunity to act on it.

I understand that if the above requested automatic debit is for purposes of making a loan payment or share deposit and if I cancel this authorization prior to the loan being paid in full, I remain fully responsible for all future payments and (if applicable) associated late fees. I further understand that in the event a payment is returned from the Debit account at the time they are requested, that the current VOCU Retun Payment Fee will be charged to my VOCU account. Rate discounts given for auto payment will revert to original stated rate if auto payment is cancelled. **I further understand that in the event the banking information I provide is incorrect I will be fully liable for any return fees, due to not providing sufficient or correct information**. I am also aware that the "transfer from" account listed above will now be available within VOCU online banking to transfer to/from regardless of if the checking account holder and member names listed below are one and the same.

_____ _____
(Print Member Name) *(Date)*

Please attach a voided check to this form

_____
(Member's Signature)

_____ _____
(Checking Account Holder Printed Name) *(Signature & Date)*

Second staff verification: _____
Make Sure no other Ach setup for this loan:_____Start Date Correct:_____ Verify Bank Information is Entered Correctly:_____
Verify that form is scanned into members account:_____Place verified form in your daily work: _____