



ACH Loan Payment Authorization - Recurring Debit

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone #: _____

I authorize River Valley Credit Union to initiate debit entries from my account at the financial institution named below. I acknowledge that the origination of ACH transactions from my account must comply with all applicable state and federal laws.

Name of Financial Institution: _____

Financial Institution Routing Number: _____

Account Type: (please check one) Checking Savings

Account Number: _____

Please Debit the above named account:

Amount: \$ _____

Frequency: Monthly

Day of the Month _____

Beginning date: _____

Please credit the ACH debit to the following account at River Valley Credit Union:

Type of Account: Loan Payment

Name On Account: _____

Member Number: _____

Loan Suffix: _____

I understand that if I decide to discontinue this payment plan I will notify River Valley Credit Union in writing at the following address, within a 60 day time frame as to afford River Valley Credit Union a reasonable opportunity to act on it. I also agree that after three consecutive months of unavailable funds for recurring debit, River Valley Credit Union reserves the right to cancel recurring debit without prior notice.

River Valley Credit Union
ATTN: ACH Dept.
505 Earl Blvd
Miamisburg, OH 45342

Print Member Name: _____

Member Signature: _____

Date: _____

For Office use only

Received date: _____ Office: _____ Employee initials: _____

Starting date: _____ Date entered: _____ Employee initials: _____

End date: _____ Date entered: _____ Employee initials: _____