Estacado
Federal Credit Union

2220 Dal Paso St Hobbs, NM 88240
(575)393-1596 – Fax (575)393-1598

Recurring ACH Authorization Request

Date_____

Please select what type of transaction you want to make;

_____Update Existing Recurring _____ New Recurring _____Cancel Recurring

Start Date of Request_____ Recurring

_____Monthly_____Semi-Monthly_____Bi-Weekly_____Weekly_____ Days on _____ day of the month.

Credit To:

Members Name _____

Members Account Number _____

Members Loan #_____Savings_____Checking_____

Amount of Transfer$_____

Please check one of the following:

_____**Debit From Another Financial Institution**

Financial Institution Name _____

Name on Account_____

Routing Number _____

Account Number _____

Checking Account_____ Savings Account_____

_____**Debit From Estacado Account**

Members Name _____

Members Account _____

Checking Account_____ Savings Account_____

ACCOUNTING USE ONLY
$_____
$_____
$_____

I hereby authorize Estacado Federal Credit Union, Hereinafter called Company, to initiate debit entries to my account indicated above and the financial institution named above, Hereinafter called Financial Institution, to debt the same to such account with the above frequency: I acknowledge that the origination of ACH transactions to my account must comply with the provisions of US law.

This authority is to remain in full force and effect until Company has received written Notification from me(or either of us) of its termination un such time or manner as to afford Company and Financial Institution a reasonable opportunity to act on it.

X_____Date_____
Signature   (if taken by phone write phone request on signature line) Recurring transactions must have signature.

Request taken by _____Date_____Time_____

ACH created by _____ Date_____Time_____

Verified By_____ Date_____ Time_____
All Recurring Transactions must be verified by a second employee for accuracy.

Revised 04/12/2018