



ACH Payment Authorization

Member Name: _____

Member Number: _____ Suffix: _____

Email: _____ Phone: _____

To start, modify, or cancel a recurring transfer from your account at another financial institution to your account at Nashville Post Office Credit Union, please return this completed and signed form by mail, fax, or email.

Purpose: ☐ New Recurring Transfer ☐ Change Existing Transfer ☐ Cancel Transfer

Information for account from which the transfer will be withdrawn:

Financial Institution: _____

Name on Account: _____ Account Type: ☐ Checking ☐ Savings

Routing Number: _____ Account Number: _____

Transfer Amount: _____ Transfer Start Date: _____

Transfer Frequency: ☐ Biweekly ☐ Monthly ☐ Semi-Monthly

The undersigned member authorizes Nashville Post Office Credit Union (NPOCU) to initiate recurring debit entries from the Financial Institution listed above in order to repay this NPOCU loan. Member further authorizes NPOCU to initiate adjustments for any transactions debited in error. Member confirms legal authorization to execute transactions on the account at the Financial Institution. Member acknowledges that all transactions must comply with the provisions of U.S. Law.

This authorization will remain in effect as is unless NPOCU receives a signed ACH Payment Authorization form to cancel. Member may need to make one more payment before this authorization begins.

The undersigned member agrees to hold harmless and indemnify NPOCU for all cost and expenses, including but not limited to fees, penalties, and late charges, assessed as a result of its inability to complete a debit for any reason. A Returned Item Fee will apply for each debit returned to NPOCU.

Member Signature _____ Date _____