



ACH Payment Authorization

Member Name _____ Member No. _____ Loan ID _____

To start, modify, or cancel a recurring transfer from your account at another financial institution to your account at Cornerstone, please return this completed and signed form by mail, fax, or email. Contact information is listed at bottom of page.

Select One: 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Information for account from which the transfer will be withdrawn: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 No. _____ Account No. _____

Transfer Amount _____ Transfer Start Date _____
Recurring monthly on same day of month.

The undersigned member authorizes Cornerstone Financial Credit Union (CFCU) to initiate recurring debit entries from the Financial Institution listed above in order to repay this CFCU loan. Member further authorizes CFCU 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 CFCU receives a signed ACH Payment Authorization form to cancel, which must be received at least 3 business days prior to the next scheduled debit.

The undersigned member agrees to hold harmless and indemnify CFCU 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 CFCU.

Member Signature _____ Date _____

FOR CREDIT UNION USE ONLY

Processed By _____ Teller _____ Date _____