

Auto Payment Authorization

Greater Iowa
CREDIT UNION

AUTHORIZATION TYPE: NEW CANCEL CHANGE NOTES: _____

Member Name: _____ Member Number: _____

Account/Loan Number to Credit: _____ Contact Phone #: _____

Account where payment is going to. Use your monthly statement for Account/Loan number info. External transfers may only be made in to a loan account.

FREQUENCY: Weekly Semi-Monthly 1st/15th (24 times/annually)
 Monthly Semi-Monthly 15th/Last (24 times/annually)
 Bi-Weekly (26 times/annually)

Start Date: _____

EXTERNAL PAYMENTS AUTHORIZATION *(from an external financial institution)*

I (we) authorize Greater Iowa Credit Union to initiate a debit from my (our) account at the financial institution below. I (we) also authorize Greater Iowa to initiate, if necessary, a debit or edit entry to correct or adjust any entry made to my (our) account in error. This authority will remain in effect until I notify, in person or in writing, either financial institution to cancel the authorization.

Notification to Greater Iowa Credit Union must be received at least 5 days prior to your current scheduled payment date for any changes, new authorizations or cancellations.

ACCOUNT TO BE DEBITED: Name of Financial Institution: _____
(where transfer is coming from)

Name on Account: _____

Routing/Transit Number: _____

Account Number: _____ Savings Checking

Transfer/Payment Amount: _____

INTERNAL TRANSFER / PAYMENTS AUTHORIZATION *(within the credit union)*

I (we) authorize Greater Iowa Credit Union to initiate a debit from my (our) account at the financial institution below. I (we) also authorize Greater Iowa to initiate, if necessary, a debit or credit entry to correct or adjust any entry made to my (our) account in error. Greater Iowa will attempt to transfer the full amount selected, up to the available balance from selected deposit account, on the scheduled transfer date.

Any remaining payment required after the this transfer will not be automatically transferred; I understand I will be responsible for any remaining required payment amount.

ACCOUNT TO BE DEBITED: Account Number: _____
(where transfer is coming from)

Minimum Payment - or - Specific Payment Amount _____
(if different than minimum payment amount)

This authorization is to remain in full force and effect until Greater Iowa Credit Union has received written notification from me of its termination in such time and in such manner as to afford Greater Iowa Credit Union and depository a reasonable opportunity to act on it. I understand that if funds are not available for whatever reason from my account designated (either internal account or external transfer institution), I will be charged a non-sufficient funds fee by Greater Iowa Credit Union and that I may also be charged a fee by my transfer financial institution. Greater Iowa Credit Union reserves the right to terminate this authorization at any time for the return of a debit to us for any reason.

Account Holder

Signature _____

Last 4 digits of SS# _____

(for identification verification)

FOR CREDIT UNION USE ONLY

Operator # WEB _____ Date _____