

AUTHORIZATION FOR ACH DEBITS

☐ NEW

☐ CHANGE

☐ CANCEL

I hereby authorize Via Credit Union to initiate Automated Clearing House debit entries from my accounts as indicated below. I understand that my name must be on both the sending and receiving accounts. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of the U.S. law.

To Via Credit Union:

Name _____

Account Number _____ ☐ Savings ☐ Checking ☐ Loan Payment

Amount \$ _____

From:

Institution _____

Routing Number _____

Account Number _____ ☐ Savings ☐ Checking

Start Date _____ (must be a minimum of two weeks after ViaCU receives form)

☐ Weekly ☐ Bi-Weekly ☐ 1st & 15th ☐ Monthly

*****PLEASE ATTACH COPY OF VOIDED CHECK OR SAVINGS ACCOUNT VERIFICATION TO THIS FORM*****

This authority is to remain in full force and effect until ViaCU has received written notification from me of its termination in such time and manner as to afford ViaCU a reasonable opportunity to act on it.

Signature _____

Date _____

Please mail completed form and verification of savings/checking account to:

Via Credit Union
Attn: Accounting
4505 S. Adams St.
Marion, IN 46953

CU Employee _____ Set up _____

Cancel _____

Approved _____

Approved _____