

AUTHORIZATION AGREEMENT FOR ACH TRANSACTIONS

I (we) hereby authorize **Greater Hartford Police Federal Credit Union** to initiate debit/credit entries to my (our) account(s) as indicated below and the financial institution name below, hereinafter called Financial Institution, to debit/credit the same to such account. I (we) agree to have available funds in my (our) account on the designated date to effect this transfer. I (we) agree to pay any applicable fees for this service as disclosed in the Fee Schedule. This authority will remain in effect until I (or either of us) notify the credit union in writing at least one week prior to the next settlement date. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

(Financial Institution Name)

(Address/City/State/Zip)

Type of Account: _____Checking _____Savings

(Routing Number)

(Account Number)

Type of Transaction: _____Debit _____Credit _____Loan

Amount: \$_____

(Frequency of Transfer)

(Date/Day of Transfer)

If this date falls on a Saturday, Sunday, or bank holiday, this transfer will automatically be made on the following business day.

_____Debit _____Credit

Type of Account: _____Checking _____Savings _____Loan

_____ (Account Number with GHPFCU)

Greater Hartford Police Federal Credit Union will make every effort to complete this transfer unless circumstances beyond our control prevent the transfer, despite reasonable precautions that we have taken. All terms and conditions of your account agreement apply to this agreement.

(Member Name)

(Signature)

(Individual ID Number)

(Date)

(Member Name – if applicable)

(Signature – if applicable)

(Individual ID Number)

(Date)

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I hereby authorize **Greater Hartford Police Federal Credit Union** to cancel the above described automatic entry effective as of _____.

(Signature)