



ACH Origination Debit / Credit Authorization

Member Name _____ Account Number: _____

Phone Number: _____ Suffix: _____

Transaction Date: _____

Transaction Type: _____

Frequency: _____

Payment Amount: Current Payment Amount Loan Payoff Amount Other Amount: _____

F I Name: _____

Draft Number: _____

Routing Number: _____

Account Number: _____

Enrollment Authorization:

I authorize Self-Help FCU and its Divisions to initiate a Debit or Credit entry to my account in accordance with instructions stated above. I acknowledge that the origination of ACH transaction(s) to my account must comply with the provisions of U.S. Law. I understand that Self-Help FCU and its Divisions are not responsible for any fee(s) or penalties which may arise if funds are not available and an ACH debit is returned. I also understand that any rejected debits may be resubmitted. If any debit transaction(s) are returned, I understand that Self-Help and its Divisions may charge me a returned item fee per returned item to my account. This authorization will remain in full effect until I have submitted a written notification of its termination in such time and manner as to afford Self-Help FCU and its Divisions a reasonable opportunity to act on it. **THIS AUTHORIZATION COMPLETELY TERMINATES ANY PREVIOUS TRANSFERS.**

I certify that I am an authorized signer on the accounts identified above and that I authorized the above transaction.

Signature _____ Date: _____

This receipt is confirmation of your request to initiate an ACH onetime only debit transaction as described below. This request was authorized by you via telephone on _____ and completed by _____. Please contact us at 877.369.2828 if you have any questions concerning this confirmation.

Authorization to Cancel Direct Debit / Credit

I authorize Self-Help FCU and its Divisions to CANCEL this Direct Debit/Credit.

Signature _____ Date: _____

For Credit Union Use

Received By:	Teller No:	Branch:	Date:
Processed By:	Teller No:	Branch:	Date: