



# Authorization for Direct Payment – ACH Debit

### Check Appropriate Box:

Initiate ACH debit transfer from another institution     Revise ACH debit transfer request     Revoke/cancel ACH debit transfer request

### VSECU Account Information – Credit Account

Member name/business name: \_\_\_\_\_ Member number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

ACH credit amount: \$ \_\_\_\_\_ Start date (mm/dd/yyyy): \_\_\_\_\_ Frequency: \_\_\_\_\_

VSECU loan account number to be credited: \_\_\_\_\_

### Depository Institution Information – Debit Account

Name of financial institution: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Account number to be debited: \_\_\_\_\_ Type of account:  Checking  Savings

ABA routing number (9 digits): \_\_\_\_\_ \*Name(s) on account: \_\_\_\_\_

\*Documentation verifying ownership rights on the Depository Institution account must accompany this document. Acceptable documentation includes a copy of a cancelled check, statement copy showing account owner names, or verification on company letterhead.

For purposes of this form, the words "you" and "your" mean: (1) each individual who signs the form; or (2) each business for which an owner or authorized officer of the business has signed the form.

By signing this form, you hereby authorize Vermont State Employees Credit Union (VSECU) to initiate debit entries from the account at the depository institution named in this form; and, if necessary, to electronically credit your account to correct erroneous debits. The debit will occur on the start date and in the frequency indicated above. If you have insufficient funds in your account at the time of the debit, you may be charged an insufficient funds fee by the financial institution debiting your account. If this authorization is for repayment of a loan, the authorization will cease upon the termination of the loan agreement. Otherwise, the authorization is to remain in effect until revoked by VSECU or until VSECU has received written notification from you of its termination. The notice of termination must be given at least three (3) business days prior to its effective date and, if applicable, will automatically require that subsequent transactions be made according to the terms of the note/and or agreement you have with VSECU. You may send written notice to revoke your authorization to: VSECU, P.O. Box 67, Montpelier, VT 05601-0067 or you may obtain a revocation of authorization form from any VSECU office.

By signing this form, you also agree that you understand and acknowledge all ACH debit entries authorized by you will be conducted according to National Automated Clearing House Association Rules (NACHA Rules). You further acknowledge that the ACH transaction complies with all applicable laws.

\_\_\_\_\_  
Signature of member/business authorized officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of individual signing above

VSECU USE ONLY:			
Request Rec'd	<input type="checkbox"/> In person	<input type="checkbox"/> By mail	<input type="checkbox"/> Other: _____
Date: _____	By: _____	Branch QC by: _____	
	Name	Name	