

CONSUMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH

(ACH DEBITS)

Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment.

I (we) authorize **Allegheny Central Employees Federal Credit Union** to electronically debit my (our) account (and if necessary, electronically credit my (our) account to correct erroneous debits ¹) as follows:

Checking Account/ Savings Account (select one) at the depository financial institution named below ("DEPOSITORY"). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Depository Name _____

Routing Number _____ Account Number _____

Amount of debit(s) or method of determining amount of debit(s) or specify range of acceptable dollar amounts authorized: _____.

Dates(s) and/or frequency of debit(s): _____.

I (we) understand that this authorization will remain in full force and effect until I (we) notify Allegheny Central Employees Federal Credit Union at 1253 University Drive, Suite 100, Dunbar, Pa. 15431 in writing that I (we) wish to revoke this authorization. I (we) understand that Allegheny Central Employees Federal Credit Union requires at least 5-day prior notice in order to cancel this authorization.²

Names(s) _____

Date _____ Signature(s) _____

STOP AUTHORIZATION OF ABOVE DIRECT PAYMENT VIA ACH

I (we) wish to revoke the above authorization for Direct Payment Via ACH. I (we) understand that Allegheny Central Employees Federal Credit Union requires at least 5-day prior notice.

Name(s) _____

Date _____ Signature(s) _____

¹The NACHA Operating Rules do not require the consumer's express authorization to initiate Reversing Entries to correct erroneous transactions. However, Originators should consider obtaining express authorization of debits or credits to correct errors.

² Written debit authorizations must provide that the Receiver may revoke the authorization only by notifying the Originator in the time and manner stated in the authorization. The reference to notification should be filled with a statement of the time and manner that notification must be given in order to provide ACEFCU a reasonable opportunity to act on it (e.g., "In writing by mail to 1253 University Drive, Suite 100, Dunbar, Pa. 15431 that is received at least (3) days prior to the proposed effective date of termination of authorization