



P.O. Box 906
 Loma Linda, CA 92354
 Ph. (909) 796-0206
 FAX (909) 796-2233

AUTHORIZATION FORM FOR DIRECT ACH DEBIT

I (we) hereby authorize La Loma Federal Credit Union to initiate debit entries from the financial institution and account listed below.

<u>Debiting Financial Institution information:</u>	
<u>Must Provide A Voided Check</u>	
<hr/>	<hr/>
Name of Financial Institution	9-digit routing number
<hr/>	<hr/>
Checking Account Number	Amount to be debited (each occurrence)
<hr/>	<hr/>
Name on Account	Social Security Number on account
<hr/>	<hr/>

<u>La Loma Federal Credit Union account to be credited information:</u>	
<hr/>	<hr/>
La Loma Federal Credit Union account number	Name on account
<hr/>	<hr/>
Frequency of debit: 1 st or 15 th	Deposit to Savings or Checking ID number
<hr/>	<hr/>
Please specify start date: _____	

Please
 initial that
 you have
 read:



I understand that this debit will remain in effect until La Loma Federal Credit union has received written notification from me (us) of its termination or if due to any circumstances my accounts are closed. **A minimum of 7 days is required for any set-up, change or termination of this debit request.** I agree that La Loma Federal Credit Union shall not be liable if a debit is dishonored for any reason. **I also understand that I (we) will be charged a \$30.00 fee for each debit request that is returned for non-sufficient funds.** I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. and California law.

Signatures of both parties will be required, if the individual submitting this request is not an authorized signer on both transacting accounts.

PTOF:
Chk. _____
Sav. _____

<hr/>	<hr/>	<hr/>
Member Name	Member Signature	Date
<hr/>	<hr/>	<hr/>
Account Holder of debiting account (if required)	Account Holder Signature	Date
<hr/>	<hr/>	<hr/>

For Credit Union Use

Receiving Employee _____	Payee _____
Date _____	Cycle _____
	Date _____
	Inputting Employee _____