



ACH Transfer Authorization

New Transfer Change Transfer Cancel Transfer

Date of Request: _____

FROM:

From Bank _____ Routing # _____

Account Number _____ Checking or Savings

Name on Account: _____

Person requesting transfer from an external bank MUST be a River Valley member AND an owner of the "From" Account.

TO:

Member Name _____ Member # _____

Loan # _____ Loan Draft ID (if known) _____

Transfer Amount _____ Start Date _____

Frequency: _____

I hereby authorize River Valley Community Federal Credit Union to initiate the above-described transfer. This authorization is to remain in full force and effect until River Valley FCU has received written notification from me of its termination in such time and in such manner as to afford River Valley FCU a reasonable opportunity to act on it, such time to be not less than FIVE (5) business days prior to the next scheduled transfer. This authorization may be unilaterally terminated by River Valley FCU in cases of excessive returns or member abuse, or whenever any loans have been paid in full with recurring debits. I understand that the transfer could take up to 3 business days to post to my account or loan, holidays and weekends could affect this transfer. Late fees could still occur.

Name: _____ Daytime Phone _____

Signature X _____

SPECIAL INSTRUCTIONS: