

ACH Direct Payment Authorization Form

JSC Federal Credit Union
P.O. Box 58346 • Houston, Texas 77258
281.488.7070 • www.jscfcu.org



The ACH (Automated Clearing House) Direct Payment Authorization Form is used to transfer funds from another financial institution to a JSC FCU savings or checking account or to make a loan payment.

INSTRUCTIONS

- Please fill out this form completely and sign
- Return the completed ACH Direct Payment Authorization form to any JSC FCU branch, fax to the Accounting Department at 281.488.5116, email to accounting@jscfcu.org or eSign the document via DocuSign

GOOD TO KNOW

- Initiation of ACH - The completed ACH form must be received (5) business days prior to the requested scheduled transfer date
- Cancellation or change of ACH - The completed ACH form must be received 5 days prior to the next scheduled transfer date
- eSigning/Electronic Signature - An electronic indication of a person's intent to agree to the contents of a document, message, or data record
- If an ACH loan payment is in process and the loan is paid in full, any excess funds from the loan payment will be credited to your Savings Account
- Frequency - the number of occurrences of a repeating event. Frequency can be set up Daily, Weekly, Monthly, etc.
- Business Day - work week (Monday - Friday) excludes weekends and credit union holidays
- For questions please contact the Accounting Department at 281.488.7070 or accounting@jscfcu.org

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New Change Delete

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS ACH DEBITS (TRANSFERRING FUNDS FROM ANOTHER INSTITUTION TO CREDIT AN ACCOUNT AT JSC FCU)

JSC Federal Credit Union 313083992

I (we) hereby authorize JSC Federal Credit Union to initiate recurring debit entries to my (our) account at the external financial institution named below. *(Select type of account)*

Checking Account Savings Account

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law and regulations

External Financial Institution:

Routing Number: _____

Name of Financial Institution: _____

Account Number: _____

Debit Amount: _____

Start Date: _____ Day of Week (M - F): _____

Frequency: Daily Weekly Monthly Bi-Weekly Semi-Monthly

I (we) understand this authorization will remain in full force and effect until I (we) notify JSC Federal Credit Union in writing at least (5) business days prior to the proposed effective date of termination of authorization. JSC FCU will terminate the recurring debit if returned unpaid twice.

Name: _____ Member Number: _____
(Please Print)

Joint Name: _____ Phone Number: _____
(Please Print)

Account to credit at JSC Federal Credit Union: *(Please indicate checking, savings, or loan type i.e. S75, S75.1, etc.)*

Checking Type: Savings Type: Loan Type:

Date: _____ Signature: _____

Date: _____ Joint Signature: _____

PLEASE ALLOW FIVE (5) BUSINESS DAYS FOR US TO ESTABLISH OR REVOKE REOCCURRING ACH TRANSACTIONS. AN ACH AUTHORIZATION WILL BE CANCELLED BEFORE THE NEXT DUE DATE AFTER A LOAN IS PAID OFF THROUGH REOCCURRING PAYMENT. ANY EXCESS FUNDS RECEIVED ON THE FINAL LOAN PAYMENT WILL BE CREDITED TO YOUR SAVINGS ACCOUNT.

Credit Union Use Only

Received By _____

Processed By _____

Date Processed _____