

Great River Federal Credit Union  
Monthly ACH Transfer Authorization

I hereby authorize Great River Federal Credit Union to initiate **monthly** debit entries to my account as follows:

Debiting Financial Institution (**Staple Voided Check or Savings Deposit Ticket Below**):

Jane Doe 123 Sunny Drive Anywhere, USA	Date _____ 1234
Pay to the order _____	_____
<div style="border: 1px solid black; padding: 5px; display: inline-block; font-weight: bold; font-size: 1.2em;">VOID</div>	
Memo _____	_____
:123456789:   999999999  1234	

ABA/Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

The first deduction starts on the **1<sup>st</sup>** or **15<sup>th</sup>** of each month starting in the month of \_\_\_\_\_ from my **checking or savings** in the amount of \$\_\_\_\_\_ (must be minimum payment amount or greater). **Please return this form at least 5 business days prior to your first deduction.**

I hereby authorize Great River Federal Credit Union to credit the following account:

Member Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

GRFCU Account \_\_\_\_\_ GRFCU Loan# \_\_\_\_\_

**This authority is to remain in full force and effect until Great River Federal Credit Union has received written notification from me of its termination in such time and in such manner as to afford Great River Federal Credit Union a reasonable opportunity to act on it, which is a minimum of 3 business days prior to the debit.**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**I agree to give notice to GRFCU to cancel this ACH transfer. \_\_\_\_\_ (Initial)**

Offered/Gave Copy to Member  
Employee Initials \_\_\_\_\_