

Monthly ACH Transfer Authorization

I hereby authorize Great River Federal Credit Union to initiate **monthly** debit entries to my account as follows (*must include routing and account number*):



Account to be Debited:

ABA/Routing Number: _____ **Account Number:** _____

The first deduction starts on the 1st or 15th of each month, starting in the month of _____ from my checking or savings in the amount of *\$ _____
 (*Total amount *must be the minimum payment amount, or greater*).

Account to be Credited:

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

Member Name: _____ Daytime Phone: _____
 GRFCU Account#: _____ GRFCU Loan#: _____

Please return this form at least 5 business days prior to your first deduction.
 Bring to any GRFCU Branch or email to: memberservice@greatriverfcu.org

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

In the event that this ACH needs to be updated or cancelled, I agree to provide GRFCU with proper notice.
 _____ ***(Member Initials)***

I would like a copy of this form for my records.
 I do not need a copy for my records.