## 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):

	DATE		
PAY TO THE ORDER OF		DOLLARS (1) Street, Tenant	
		Debt of Balk	
MEMO		MP	
:000000000: 1000000000	0000		
ount to be Debited:	. \		
/Routing Number:	Acc	count Number:	
ount to be Credited:			
urring Payment on: 1st or	15 <sup>th</sup>		
ting Month:			
ucted From: Checking or			
ment Amount:			
nent Amount.	<del></del>		
reby authorize Great River Fe	ederal Credit Uni	on to credit the fol	llowing account:
	Daytime Phone:		
at River Account#:	Great I	River Loan#:	
se return this form at least 5 b	usiness days prio	r to your first deduc	ction. Bring to
Great River Branch or email to	: memberservice(	@greatriverfcu.org	
s authority is to remain in full fo	orce and effect un	til Great River Fede	ral Credit Union has
eived written notification from			
o afford Great River Federal Cro inimum of 3 business days pric		onable opportunity	to act on it, which is



River Federal Credit Union with proper notice.