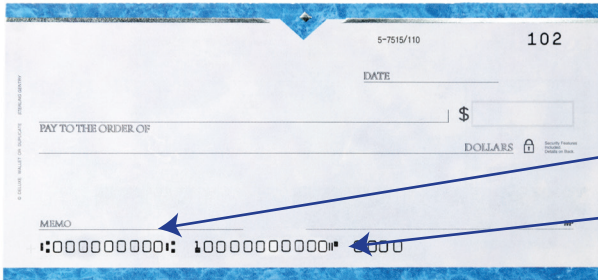


# GREAT RIVER FEDERAL CREDIT UNION

## MONTHLY ACH TRANSFER AUTHORIZATION

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



### ACCOUNT TO BE DEBITED

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

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

The first deduction starts on the  1st,  8th,  15th, or  22nd of each month, starting in the month of \_\_\_\_\_ from  my checking or  savings in the amount of \$\_\_\_\_\_ (*must be minimum payment amount or greater*).

### 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 to any of our branches or email [memberservice@greatriverfcu.org](mailto:memberservice@greatriverfcu.org) using an encrypted email system at least 5 business days prior to your first deduction.*

*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 Great River Federal Credit Union 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.

