

# Bashas's Associates Federal Credit Union

## Authorization Agreement for Direct Payments (ACH Debits)

I (we) authorize **Bashas' Associates Federal Credit Union** to initiate debit and credit entries to my account at the financial institution named below. *I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.*

_____	_____
Financial Institution Name	Account Holder Name
_____	_____
Routing Number	Account Number
	<u>Savings</u> <u>Checking</u>
	Circle One

Name \_\_\_\_\_

BAFCU Account # \_\_\_\_\_ SFX # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Recurring payment - *requires signature*

\$5.00 One Time Set Up Fee

Frequency:     Monthly     Bi-Monthly     Bi-Weekly     Weekly    Starting Date \_\_\_\_\_

One Time Payment Only     phone     in person    Effective Date \_\_\_\_\_

\$8.00 Fee for One Time Payments

**This authorization is to remain in full force and effect until *BAFCU* receives written notification from me of its termination** in such time and manner as to afford *BAFCU* and FINANCIAL INSTITUTION a reasonable opportunity to act on it. A withdrawal will only be attempted one time in the event funds are not available. Your account may be subject to a returned payment fee as set forth in the Rate and Fee Schedule.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Credit Union Use Only**

Recurring Payment - ACH Set Up \_\_\_\_\_ Date \_\_\_\_\_ Telephone Payment - Letter \_\_\_\_\_ Date \_\_\_\_\_

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