P.O. Box 3181, Baytown, Texas 77522 • 1.800.238.3228 • www.crcu.org

ACH (Automated Clearing House) Direct Payment Authorization

Description:

• Form used to set up, change or expire recurring transfer of funds to or from another financial institution

Instructions:

- Please fill out form completely and sign
- A Wire Transfer/ACH Origination Request Agreement must be signed if not previously signed and on file with credit union
- For consumer accounts only
- Form must be received 3 business days before requested action is to be completed
- Completed form may be mailed or brought in to any CRCU branch location

For questions, please call our Member Contact Center at 281.422.3611 or visit any CRCU branch location.

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ACH Direct Payment Authorization Form				
New	Change	Delete		
Member Information				
Name:				
Account #:	Account Suffix:	Loan #:	Loan #:	
		1		
CRCU Account Information				
Amount:		Type: Deposit/Payment Withdrawal		
Effective Date:		Expiration Date:		
Weekly Mo External Financial Institution Inform	_	reekly Semi-N	Лonthly	
Financial Institution:		Routing #:		
Account #:		Account Owner:		
Account Type:	unt Type: Savings Checking			
A Wire Transfer/ACH Origination Request Change and termination request must I payment/deposit date. If an ACH Origin is paid in full. If an ACH Origination is a continue until it has been expired or careserves the right to expire this ACH Or	be received by CRCU at least nation is applied directly to pplied to a Savings account nceled, in writing, by the m	at 3 business days prior to the a loan, the transfer will expi or a Checking account, the t nember. Community Resourc	e current re when the loan ransfer will	
Member Signature:		Date:		
For Credit Union Use ONLY				
Employee Name:				