



Hawaii Central
FEDERAL CREDIT UNION

ACH AUTOMATIC PAYMENT ORIGATION AUTHORIZATION FORM


Hawaii Central Federal Credit Union (HCFCU) offers the convenience of paying your loan from your account at another financial institution. It's free, time-saving and worry-free!

Enjoy the benefits of this service by simply completing and signing the authorization form below.

Authorization Form

Name: _____ <small>(Must match the Name on Acct of debit)</small>	Account #: _____
Day Phone(s): _____	Email: _____

Debit:

Financial Institution: _____	Routing #: _____
Name on Acct: _____	Account #: _____
Select Account Type: <input type="checkbox"/> Savings <input type="checkbox"/> Checking	
*Attach a voided blank check	

Credit:

Loan #: _____	Amount of payment: _____
Monthly on: _____ <small>Day of month</small>	Start Date: _____ End Date: _____ <small>(Optional)</small>

I authorize Hawaii Central Federal Credit Union to originate the above ACH Automatic Payment on the date requested.

I understand that:

- The payment will process as indicated based on the debit and credit information entered above and I am responsible to make sure the funds are available in the "Debit" account on or before each scheduled date.
- If the "day of month" falls on a weekend or holiday, the payment will occur on the next business day.
- If the payment is returned as NSF, HCFCU will attempt to re-submit the payment within two days. There will be an NSF fee of \$25.00 for each NSF return, which will be charged to my share account.
- The origination of this ACH Automatic Payment must comply with the provisions of U.S. law and that I will not dispute this automatic payment with the financial institution named in the Debit section as long as the transaction complies with the information entered on this form.
- I must notify HCFCU in writing, by completing a new form, of any changes to my debit or credit information at least 15 days prior to the next scheduled automatic payment.
- This authorization will remain in effect until I provide HCFCU with a written request to stop/discontinue at least 15 days prior to the next scheduled automatic payment.
- I agree to indemnify and hold HCFCU harmless from any claims resulting from the processing of this automatic payment which occurred as a result of incorrect information provided by me.

Signature: _____ Date: _____

Rec'd by/Date: _____ Entered by/Date: _____ Approved by/Date: _____