

PIEDMONT PLUS CREDIT UNION

ACH ORIGINATION

DATE _____ MSR _____

MEMBER NAME _____

MEMBER CREDIT UNION ACCT # _____

AMOUNT OF PAYMENT / DEPOSIT \$ _____

FREQUENCY OF PAYMENT _____

DATE OF 1ST PAYMENT _____

BANK ROUTING # _____

BANK ACCT # _____

ACCOUNT TYPE: CHECKING TRANSACTION TYPE: DEBIT

SIGNATURE _____ DATE _____

I (we) acknowledge that the origination of ACH transactions must comply with the provisions of U.S. law. I(we) understand that authorization will remain in full force and effect until I(we) notify Credit Union in writing that I (we) wish to revoke this authorization. I (we) understand that the Credit Union requires at least 3 business days prior notice in order to cancel this authorization.

IMPORTANT: ATTACH VOIDED CHECK OR COPY BELOW