



recurring ACH transfers

Amplify Federal Credit Union

Member Name:		Date:
AMPLIFY Account #:		

I hereby authorize AMPLIFY to initiate the recurring ACH entries described below. If this authorization is for a recurring loan payment, I acknowledge that I must keep making my payments as usual until I receive confirmation from AMPLIFY that this recurring transaction has been initiated.

AMPLIFY Information:

Debit Account Type: <i>(Savings or Checking)</i>		Credit Account Type: <i>(Savings, Checking or Loan)</i>	
Amount	Start Date	Stop Date	

External Bank Information:

Institution Name:	
Address:	
City, State Zip:	
Accountholder Name:	
Account #:	
Routing/Transit #:	
Debit Account Type: <i>(Savings or Checking)</i>	Credit Account Type: <i>(Savings, Checking, or Loan)</i>

Frequency:

<input type="checkbox"/> W – Weekly	<input type="checkbox"/> BW – Bi-weekly	<input type="checkbox"/> SL – Semi-monthly last (15, 31)
<input type="checkbox"/> Mn – Monthly on day n	<input type="checkbox"/> ML – Monthly on last day	<input type="checkbox"/> Q – Quarterly
<input type="checkbox"/> A – Annually		

This authority is to remain in force until I notify AMPLIFY in writing of any changes or cancellation of payment unless such notice is received not less than seven days prior to the transaction date. AMPLIFY retains the right to cancel this service at any time. I agree to be bound by the ACH Operating Rules and all pre-arranged transactions are subject to applicable provisions of AMPLIFY's electronic funds transfer agreement, a copy of which has been given to me.

Member's Signature

Date

Rcvd By:	Operator #	Identification used (required)*
Support Services Rep	Operator #	Date loaded in system