# AMPLIFY CREDIT UNION

## ACH RECURRING LOAN PAYMENT AUTHORIZATION FORM

I _____ authorize Amplify Credit Union to charge my bank account indicated below on the _____ (Day) of each month, beginning _____ (Month) for payment of my Amplify Member number _____, Loan number _____, and, if necessary, initiate adjustments for any transactions which may not fulfill my monthly payment amount. I acknowledge that I must keep making my payments as usual until I receive confirmation from Amplify Credit Union that this recurring transaction has been initiated. **PLEASE NOTE:** By authorizing this transaction, you are confirming that **you are legally authorized** to execute transactions on the designated account **at the other financial institution.**

ACCOUNT TYPE: ☐ **CHECKING**   ☐ **SAVINGS**   ☐ **LOAN**

NAME ON ACCOUNT: _____

BANK NAME: _____

ACCOUNT NUMBER: _____

BANK ROUTING NUMBER: _____

BANK CITY: _____

BANK STATE: _____

Routing Number    Account Number

⟨:222222222:⟩ ⟨000 111 555 1027⟩

This authority is to remain in force until I notify Amplify Credit Union in writing or by phone of any changes or cancellation of payment unless such notice is received not less than seven calendar days prior to the transaction date. Amplify Credit Union 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 Credit Union's electronic funds transfer agreement, a copy of which has been given to me.

X
SIGNATURE OF MEMBER                                                          DATE

☐ **NEW**        ☐ **CHANGE**        ☐ **DELETE***

*Delete requests CAN use Commercially Accepted Identification Procedures.

### PLEASE SEND FORMS TO ONE OF THE FOLLOWING

**EMAIL:** achforms@goamplify.com
**FAX:** (512) 491-1011
**MAIL:** Amplify Credit Union
P.O. Box 85300
Austin, TX 78708

### CREDIT UNION USE ONLY

_____        _____        _____
Rcvd By                                                    Operator #                                                  Identification Used (required)**

_____        _____        _____
Processing Operator #                                      ACH Authority #                                          Date Loaded in System

**Indicate DL state/number, passport number, etc. If this is a phone request, please indicate method used to positively ID member; i.e.: SSN & DOB