

**ACH RECURRING TRANSFER FORM**

Name:

**AMPLIFY CREDIT UNION INFORMATION**

Account Number:

How will we affect this account?     Debit     Credit

**EXTERNAL FINANCIAL INSTITUTION INFORMATION**

Account Type:     Checking     Savings     Loan

Name on Account:

Bank Name:

Account Number:

Bank Routing Number:

Bank City:

Bank State:



New     Change     Delete    (Delete requests CAN use Commercially Accepted Identification Procedures)

**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.**

**FREQUENCY AND AMOUNT INFORMATION**

Transfer Amount:    \$

How Often?

Weekly     Bi-Weekly     Semi Monthly / Last (15<sup>th</sup> & Last Day)  
 Monthly on Day: \_\_\_\_\_     Monthly on Last Day     Quarterly     Annually     One Time

Requested Start Date\*:

Requested Stop Date\*\*:

\* This is the date you want the transaction to post at the other financial institution.  
\*\* This is the date of the final transaction. Leave blank for "indefinite."

I hereby authorize Amplify Credit Union to initiate the recurring ACH entries described above.

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.

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 was provided to me at account opening. I understand that I can request an additional copy at any time.

**SIGNATURE**

Signature:

Date:

**PLEASE SEND FORMS TO ONE OF THE FOLLOWING**

FAX: 512-491-1011  
MAIL: Amplify Credit Union, P.O. Box 85300, Austin TX 78708