

RECURRING LOAN PAYMENT AUTHORIZATION FORM

Name:

FINANCIAL INSTITUTION INFORMATION

Account Type: Checking Savings

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)

PAYMENT INFORMATION

Date to Draft First Payment:
(Must be within 10 days of the next due date on loan.)

Payment Amount (select one):

Automatic Payment for Billed Amount ONLY

Automatic Payment for Billed Amount PLUS Additional Principal Amount of \$ _____ (Enter additional amount only)

*****IMPORTANT NOTE: The payment date may not always draft on the same date each month. This date may vary based upon the number of days in each month. If you require that the payment be drafted on a specific date each month, we encourage you to make your payments online at www.goamplify.com or through your external financial institution.**

LOAN ACCOUNT INFORMATION

Name on Loan:

Loan Number:

I authorize Amplify Credit Union to charge my bank account indicated above in the section titled Financial Institution Information. Additionally, authorization is provided to initiate adjustments for any transactions which may not fulfill my monthly payment amount. All charges to this bank account will be credited to my loan with Amplify Credit Union, described in the Loan Account Information section.

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.

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. If payment needs to be made within 5 business days, please make a one-time payment and complete the form to establish recurring loan payments beginning with the next payment.

SIGNATURE

Member 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