

How to fill out an ACH Form for Recurring Payments

Jane Doe
123 Anywhere Street
Anytown, NY 101

Pay to the Order of _____ \$ _____
_____ Dollars

MY BANK USA

Memo _____

⑆ 123456789 ⑆ 12345678910 ⑆ 0101

Routing Number

Account Number

Check Number

- Fill out each section on the form, highlighted in yellow below
- Include a voided check or letter from institution – cell phone picture is acceptable if the entire check is visible and legible
- Email the completed form and voided check to: memberservice@linncofcu.org
- If the form has errors, member services will reach out to the email the form was sent from, which may cause a delay in start date.
- Provide the first page of the ACH form and voided check at least 5 business days prior to start date. The second page is for you to keep for your records.

LINN-Co
Federal Credit Union

ACH Authorization Agreement-Direct Payment
(Transferring Funds from another institution to make loan payment at Linn-Co FCU)

New Authorization Modification: Date Amount Bank Account Number

Changing from: _____

1. Linn-Co FCU Account Information:

Member Name _____ Member # _____ Loan # _____

2. Please Debit my account at:

Financial Institution _____ Routing Number _____
Account Number _____ Savings Checking

****Attach documentation****

- ✓ Must be pre-printed with the names of account owners and complete account number
- ✓ Acceptable documentation: voided check, verification letter from Financial Institution

3. Amount of Debit and Effective Date:

Amount \$ _____ First Transfer Date: ____/____/____ * must match frequency selected below
*5 business days are required for setup prior to transfer date

4. Frequency:

Monthly- Beginning on the first transfer date indicated above and repeating on the same day of each month thereafter

Semi-Monthly: 1st&16th 5th&20th 10th&25th 15th&Last Day of Month

Weekly: Mon Tues Wed Thur Fri

Bi-Weekly: Mon Tues Wed Thur Fri

I hereby authorize Linn-Co Federal Credit Union, to initiate debit entries to my account indicated above. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority is to remain in full force and effect until Linn-Co Federal Credit Union has received written notification from me, at least five (5) business days prior to the transmission date, to afford Linn-Co Federal Credit Union a reasonable opportunity to act on the request.

Member Signature _____ Date _____
Member Phone# _____

Received by _____ Date _____

ACH Dept. Use Only:
Date Received by ACH Dept: _____ Received by: _____
Date Processed: _____ Processed by: _____ 2nd Approver: _____

Rev. 5/18

LINN-Co
Federal Credit Union

ACH Authorization Agreement-Direct Payment
(Transferring Funds from another institution to make loan payment at Linn-Co FCU)

New Authorization Modification: Date Amount Bank Account Number

Changing from: _____

1. Linn-Co FCU Account Information:

Member Name Jane Doe Member # 2900000 Loan # 1

2. Please Debit my account at:

Financial Institution My Bank USA Routing Number 123456789
Account Number 12345678910 Savings Checking

****Attach documentation****

- ✓ Must be pre-printed with the names of account owners and complete account number
- ✓ Acceptable documentation: voided check, verification letter from Financial Institution

3. Amount of Debit and Effective Date:

Amount \$ 150.00 First Transfer Date: 10/9/18 * must match frequency selected below
*5 business days are required for setup prior to transfer date

4. Frequency:

Monthly- Beginning on the first transfer date indicated above and repeating on the same day of each month thereafter

Semi-Monthly: 1st&16th 5th&20th 10th&25th 15th&Last Day of Month

Weekly: Mon Tues Wed Thur Fri

Bi-Weekly: Mon Tues Wed Thur Fri

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Member Signature [Signature] Date 9/30/2018
Member Phone# 541-867-5309

Received by _____ Date _____

ACH Dept. Use Only:
Date Received by ACH Dept: _____ Received by: _____
Date Processed: _____ Processed by: _____ 2nd Approver: _____

Rev. 5/18