



SHARONVIEW

FEDERAL CREDIT UNION

PO Box 2070, Fort Mill, SC, 29716  
800.462.4421 • 704.969.6748  
sharonview.org

## Authorization for Electronic Loan Payments (ACH Debits)

Member Name: \_\_\_\_\_ Email: \_\_\_\_\_

Account Number: \_\_\_\_\_

Loan #: \_\_\_\_\_

4-digit sub account number for consumer loan or 10-digit mortgage loan number

### Authorization Request

I (we) authorize Sharonview Federal Credit Union to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) at the financial institution named below. I (we) agree that ACH transactions that I (we) authorize comply with all applicable law and National Automated Clearing House Association (NACHA) Operating Rules.

Financial Institutions Name: \_\_\_\_\_ Account Type: ☐ Checking ☐ Savings

9-Digit Routing & Transit Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Amount: \_\_\_\_\_ Desired Start Date: \_\_\_\_\_

#### Example of Check:

1025

DATE \_\_\_\_\_

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_

DOLLARS

MEMO \_\_\_\_\_

0000000000 0000000000 1025

ROUTING NUMBER ACCOUNT NUMBER CHECK NUMBER

#### Frequency (Select One):

Weekly

Bi-Weekly

Monthly

Semi-Monthly (1st & 15th)

Semi-Monthly (15th & last day of the month)

I (we) agree to indemnify Sharonview Federal Credit Union against, and hold harmless from, any losses arising out of my (our) ACH transactions. I further agree that any return of an ACH debit will incur a returned payment fee. I (we) understand that this authorization will remain in full force and effect until I (we) notify Sharonview Federal Credit Union in writing that I (we) wish to revoke this authorization. I (we) understand that Sharonview Federal Credit Union requires at least 10 business days advance notice in order to set up, change, or cancel this ACH authorization. If a selected date falls on a weekend or holiday, the ACH will process on the next banking day. Sharonview Federal Credit Union reserves the right to cancel this ACH origination agreement at any time for any reason.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Employee Use Only

Employee Sending Request:	Date Sent to Accounting:	Accounting Use Created By	Accounting Use Date Created	Accounting Use Verified By: