



Yuma Central: 1780 S. 1st Avenue  
 Albertsons: 2378 W. 24th Street  
 Foothills: 11252 N. Frontage Rd.  
 Somerton: 530 E. Main Street  
 Parker: 916 W. 14th St.  
 aeafcu.org | 928.783.8881

# ACH Loan Payment Agreement

Primary Member's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Member#: \_\_\_\_\_ Loan ID: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

New ACH Setup     Change Financial Institution     Change Account Number     Change Payment Amount

## FINANCIAL INSTITUTION INFORMATION

Payment Amount: \_\_\_\_\_ Date of 1st Payment: \_\_\_\_\_

Financial Institution: \_\_\_\_\_ Routing Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

## ACCOUNT HOLDER INFORMATION

Account Holder Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Savings     Checking (Please attach a voided check)

## METHOD OF IDENTIFICATION

Type of Document Used: \_\_\_\_\_ Identification Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

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

AEA FCU Employee Signature: \_\_\_\_\_ Teller Number: \_\_\_\_\_

**NOTE: For same month processing authorization must be received 15 business days prior to above transaction date.**

I hereby authorize AEA Federal Credit Union to initiate debit entries and if necessary adjustment entries from my account identified at the Financial Institution named above and to credit the same to my account at the Credit Union. This authorization is to remain in full force and effect until my loan is paid in full or if it is withdrawn by me by completing a Written Statement of Unauthorized Debit – ACH (a fee may apply) or the Credit Union in such time and in such a manner as to afford The Credit Union and Depository a reasonable opportunity to act on it. This agreement shall be effective when signed below or in counterpart, and photocopy, facsimile, electronic or other copies shall have the same effect for all purposes as ink-signed original. I agree the Credit Union and its employees have no liability to me for their failure to complete the above authorized transactions in the event (a) I do not have available funds in any identified account to make the transaction, (b) the necessary data from the debiting institution is not timely received, is incomplete or is erroneous, (c) unforeseen circumstances or circumstances beyond the Credit Union's control (such as fire, flood, or other natural disaster) prevent or delay the transaction or (d) if this form is not completed properly or if any of the information I have provided on this form is incorrect. I additionally acknowledge there will be an insufficient funds fee added to my principal balance in the event of an insufficient funds notice from the debiting Financial Institution

Equal Opportunity Lender

Federally Insured by NCUA

