

ACH Debit Authorization



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Member Information:

Name:	Member Number:
Daytime Phone Number:	Share/Loan Number:

I (we) authorize Progressions Credit Union to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) for (select one)"

Single (one-time) entry

Recurring entries (that recur at substantially regular intervals without my affirmative action to initiate future entries)

As follows:

Other Financial Institution (Funds to Debit this account):

Account Holder Name:	From Account Number:	Savings	Checking
Financial Institution Name:	ABA/Routing Number:		

This is a (select one):

New Transfer

Change of Transfer Type of Change (check all that apply): Amount Date Frequency

Start Date:	End Date:	Fixed Amount:
		Or Minimum Due
Frequency:	Monthly Bi-Weekly Other (Specify):	
Date of Month for future transfers:		

As an authorized signer on this account, I (we) hereby authorize Progressions Credit Union to initiate debit entry or entries to my (our) account indicated above and the financial institution named above, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account and, if necessary, electronically credit my (our) account to correct erroneous debits. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of US law. If the authorized transaction is applied directly to a loan with Progressions Credit Union, the payments will stop automatically when said loan is paid in full. If the remaining balance of the loan is less than the final payment amount, the loan will be paid and any additional funds will be placed in your primary savings account. This transaction is subject to the terms, conditions, and fees set forth in the Progressions Credit Union Membership and Account Agreement and Rate and Fee Schedule.

Member Signature:	Date:
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Cancel Transfer effective:

I (we) understand that this authorization will remain in full force and effect until I (we) notify Progressions Credit Union in writing that I (we) wish to revoke this authorization. I (we) understand that Progressions Credit Union requires at least three days prior notice in order to cancel this authorization.

Member Signature:	Date:
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Employee submitting request: