



MATADORS COMMUNITY CREDIT UNION
P.O. Box 1052 Northridge, CA 91328
Tel. (818) 993-6328 • Fax (818) 341-5626
www.matadors.org

ACH AUTOMATIC PAYMENT AUTHORIZATION FORM

I hereby authorize Matadors Community Credit Union, hereinafter called CREDIT UNION, to initiate debit entries to my account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

FINANCIAL INSTITUTION INFORMATION:

FINANCIAL INSTITUTION NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

ROUTING NUMBER: _____ ACCOUNT NUMBER: _____

ACCOUNT TYPE: CHECKING

PAYMENT INFORMATION:

STARTING DATE: _____ FREQUENCY: MONTHLY

PLEASE NOTE – Dates that fall on a weekend or MCCU observed holiday will be debited the prior business day.

DOLLAR AMOUNT: _____

APPLY TO CREDIT UNION ACCOUNT NUMBER: _____ LOAN ID: _____

LOAN PAYMENTS: I acknowledge and authorize that the FINAL PAYMENT may be debited for an AMOUNT LESS THAN THE AUTHORIZED AMOUNT to pay off the loan. I understand and agree that I will not receive separate notification of the final payment amount.

MORTGAGE PAYMENTS: This authorization allows for annual increases/decreases as necessary to cover the changes in taxes and insurance and will remain in effect until the loan is paid in full, or until MCCU has received my (our) written notification of its termination.

This authorization is to remain in full force and effect until CREDIT UNION has received written notification from me of its termination. I agree to provide this written notification at least 10 banking days in advance of the termination date so as to afford CREDIT UNION and FINANCIAL INSTITUTION a reasonable opportunity to act on it. This authorization may be unilaterally terminated by the CREDIT UNION in cases of excessive returns or member abuse, or whenever any loans have been paid in full with recurring debits.

PRINT INDIVIDUAL NAME: _____

SIGNATURE: _____ DATE: _____

**** PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM ****

04/01/13