

Auto Payment Authorization

AUTHORIZATION TYPE: NEW CANCEL CHANGE NOTES: _____

Member Name: _____ Member Number: _____

Account/Loan Number to Credit: _____ Contact Phone #: _____

Account where payment is going to. Use your monthly statement for Account/Loan number info. External transfers may only be made in to a loan account.

FREQUENCY: Weekly Semi-Monthly 1st/15th (24 times/annually)
 Monthly Semi-Monthly 15th/Last (24 times/annually)
 Bi-Weekly (26 times/annually)

Start Date: _____

Please note: For all authorizations, if selected "start date" is no longer available (either because it's in the past or there is not enough time to complete the process), the authorization request may be completed for the next valid date that is indicated by the noted frequency.

EXTERNAL PAYMENTS AUTHORIZATION (from an external financial institution)

I authorize Greater Iowa Credit Union to initiate a debit from my account at the financial institution below. I also authorize Greater Iowa to initiate, if necessary, a debit or edit entry to correct or adjust any entry made to my account in error. This authority will remain in effect until I notify, in person or in writing, GI CU to cancel authorization.

Notification to Greater Iowa Credit Union must be received at least 5 days prior to your current scheduled payment date for any changes, new authorizations or cancellations.

ACCOUNT TO BE DEBITED: (where transfer is coming from) Name of Financial Institution: _____
Name on Account: _____
Routing/Transit Number: _____
Account Number: _____ Savings Checking
Transfer/Payment Amount: _____

INTERNAL TRANSFER / PAYMENTS AUTHORIZATION (within the credit union)

I authorize Greater Iowa Credit Union to initiate a debit from my account noted below. I also authorize Greater Iowa to initiate, if necessary, a debit or credit entry to correct or adjust any entry made to my account in error.

Greater Iowa will attempt to transfer the full amount selected, up to the available balance from selected deposit account, on the scheduled transfer date.

Any remaining payment required after the this transfer will not be automatically transferred; I understand I will be responsible for any remaining required payment amount.

ACCOUNT TO BE DEBITED: (where transfer is coming from) Account Number: _____
 Minimum Payment - or - Specific Payment Amount _____
(if different than minimum payment amount)

This authorization will remain in full force and effect until Greater Iowa Credit Union has received written notification from me of its termination in such time and in such manner as to afford Greater Iowa Credit Union a reasonable opportunity to act. I understand if funds are not available for any reason from my account designated (either internal account or external transfer institution), I may be charged a non-sufficient funds fee by Greater Iowa Credit Union and I may also be charged a fee by my depositor financial institution. Greater Iowa Credit Union reserves the right to terminate this authorization at any time for the return of a debit to us for any reason.

Signature of
Account Holder _____

Last 4 digits of SS# _____
(for identification verification)

FOR CREDIT UNION USE ONLY

Operator # _____ Date _____