

Market USA Federal Credit Union
ACH Payment Request Form

To request that Market USA deduct your loan payments automatically and electronically from your account at another financial institution, please complete and sign this form.

Member Name: _____

Market USA FCU Member Number: _____

Debit the Following Financial Institution/Account for my Payment:

Name of Financial Institution: _____

Financial Institution Phone Number: _____

Account Number: _____ Routing Number: _____

Account Type: Savings Checking

Debit My Account: Weekly Bi-Weekly Monthly Select One

Starting on the Effective Date: _____

YOU MUST PRINT CLEARLY & LEGIBLY. TYPED FORMS ARE PREFERRED. ILLEGIBLE FORMS WILL NOT BE PROCESSED.

We must receive this form at least 6 business days prior to the effective date, in order to allow time for pre-note processing.

AGREEMENT:

I authorize Market USA Federal Credit Union (Market USA) to initiate debit entries to my account as indicated and to the depository named to debit the same such account. This authority is to remain in full force and effect until Market USA has received **written notification** from me of its termination in such a manner as to afford Market USA and Depository a reasonable time to act on it. If the funds are being deducted from a joint account, authorization from one owner constitutes authorization from all account owners.

I understand that we are responsible for the accuracy of the information on this form. I am liable for any transactions, fees, losses, or damages that result from: (1) failed transactions; or (2) providing inaccurate account or routing numbers, or amounts. I understand that there must be sufficient funds in my account at the time of transaction. Market USA will charge a fee of \$29 for any returned ACH debit payment, regardless of reason. I may also incur fees from the financial institution that dishonored the payment. Excessive returns will result in revocation of any privileges or discounts associated with this payment method. I am still responsible for making our loan payment if our ACH debit is returned. Market USA is not liable for any fees, losses, or damages that result from the processing of this request.

I further authorized Market USA to initiate any adjustment(s) necessary to correct error(s) in previous debit entries. I understand that I will be notified of any such adjustments. Changing depository, account number, date of debit, or starting a new debit entry, requires receipt by Market USA of the written authorization, **at least 6 business days** prior to the scheduled start date specified on the authorization. Written authorization is required to stop a debit entry. Stop authorizations must be received at least 5 business days before the next scheduled date of debit in order to be effective for that date. Distributions to loans paid in full, which are not stopped, will be credited to my savings account.

I understand and agree to the terms and conditions outlined above.

Signature: _____ Date: _____

Loan Dept. Use Only Payment Amount: _____ L-Type: _____ First Pymt Due: _____

Confirmation of due date; NOT effective date

Accounting Dept. Use Only Pre-note Sent: _____ Initials/Date