



**ACH Origination
Authorization Agreement**

Canal Ponds Business Park
100 Marina Drive • Rochester, New York 14626
(585) 453-7000 • (800) 836-7328
summitfcu.org

*This form is used for all loan types except for VISA Credit Card and Mortgages

Please Select One: ☐ New ☐ Change ☐ Cancel

I hereby authorize The Summit Federal Credit Union to initiate debit entries from my account at the financial institution indicated below. I understand that if the funds are not available to allow this debit transaction to be completed, I am still responsible for making the loan payment per the loan agreement previously signed.

WITHDRAWAL OF FUNDS FROM THE FOLLOWING FINANCIAL INSTITUTION

Account Type: ☐ Checking ☐ Savings

Financial Institution: _____ Name on Account: _____

Account Number: _____ Example:

Routing (ABA) Number: _____

Amount of Debit (select one):

☐ Monthly Loan Payment Amount

☐ Specified Dollar Amount: _____
(Must be greater than Monthly Loan Payment Amount,
Maximum of \$3000.00)

5719

DATE: _____

PAY TO THE ORDER OF: _____ \$ _____

_____ DOLLARS

MEMO: _____

⑆000045678000 0000456780 ⑈0000

Routing (ABA) Number Account Number

Please execute this request on the _____ of the month (indicate specific date i.e. 1st or 15th) beginning on _____ (must be 15 or more days from today's date).

THE SUMMIT FEDERAL CREDIT UNION ACCOUNT TO RECEIVE FUNDS

Member Name: _____ Summit Account Number: _____

Email Address: _____ Loan Type and ID: _____

This Authorization will remain in full force and in effect until The Summit Federal Credit Union has received notification from me of my revocation of the Authorization (see terms of this Authorization). Please allow no less than 15 business days to make changes to the Authorization (i.e. Financial Institution, Amount, and/or changes in the dates). You also authorize us to process any reversing entries to correct any erroneous transactions. Please note: When your loan is paid in full, this Authorization will be terminated automatically. Loan payments may vary based on the terms of your Loan.

By signing this Agreement, you agree to the terms and conditions outlined within The Summit Federal Credit Union's ACH Origination Terms and Conditions [posted on www.summitfcu.org]. Stop by your local branch to return the completed form or mail to The Summit Federal Credit Union, Attention: Member Technology Solutions, 100 Marina Dr, Rochester, NY 14626.

Signature: _____ Date: _____

Internal Use Only

Member's ID #: _____ Verification performed by: _____ on _____