



ALLIANCE CREDIT UNION AGREEMENT FOR PREAUTHORIZED CREDITS ACH DEBITS ORIGATION SERVICE

Set up your Alliance Credit Union account to receive loan payments or other recurring deposits from another financial institution.

MEMBER NAME _____	DATE _____
ADDRESS _____	MEMBER NUMBER _____
CITY ST ZIP _____	HOME PHONE _____
E-MAIL ADDRESS _____	WORK PHONE _____
	CELL PHONE _____

INSTITUTION TO BE DEBITED TO SEND FUNDS TO YOUR ALLIANCE CREDIT UNION ACCOUNT:

INSTITUTION NAME _____	NAME(S) ON ACCOUNT _____
CITY ST ZIP _____	ACCOUNT TYPE _____
ROUTING NUMBER _____	ACCOUNT NUMBER _____
AMOUNT TO BE TRANSFERRED \$ _____	DAY/DATE OF TRANSFER EACH MONTH: _____

DATES AVAILABLE FOR TRANSFER ARE:
1st - 28th OF EACH MONTH

We recommend you select a date several days before your loan payment is due. If the date you select falls on a weekend or holiday, your account will be debited on the first business day following the date indicated above.

I authorize Alliance Credit Union of Florida to initiate credit entries to my account listed above, and I request and authorize that the above financial institution accept and honor the same. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authorization will remain in full force and effect until Alliance Credit Union of Florida has received written notification from me of its termination in such time and manner as to afford Alliance Credit Union a reasonable opportunity to act on it. I further acknowledge that if my ACH item is returned for any reason, including non-sufficient funds, Alliance Credit Union may assess a fee, as specified in the current schedule of fees and revoke the authorization. If the amount was applied to a loan payment, the payment will be reversed and I will be responsible for making other payment arrangements. Alliance Credit Union requires 30-days advance notice to revoke an existing ACH authorization. I understand that if the funds are not available in my account on the date of the automatic transfer the transfer will not be made and that I will not be notified by Alliance Credit Union that the transfer was not made. I also understand I will be charged a one-time origination fee to establish this ACH service. Please allow two weeks for origination to be initiated and funds to be transferred to the indicated institution.

MEMBER SIGNATURE _____ DATE _____ Officer _____

ATTACH VOIDED CHECK OR DEPOSIT SLIP HERE