



Direct Debit (ACH) Payment Request

Start Direct Debit

Stop Direct Debit

Change Direct Debit

I _____ hereby authorize RadiFi Federal Credit Union to initiate withdrawals from my account at the below referenced financial institution to pay my RadiFi Federal Credit Union Loan # _____.

Name of Financial Institution: _____

Routing Number (ABA#): _____

Account Number: _____

Account Type:

Savings

Checking

Transfer Frequency:

Monthly

Semi-Monthly (Choose one)

*Transfer Start Date: _____

1st & 15th

15th & 31st

Transfer Amount: \$ _____

(Written Amount) _____

(Write out exact dollar and cents)

I authorize you to access my Debit Account (Account) for all payments due on the above described (Credited Account (Loan)). You may continue to access the Account until the Loan is paid or until I provide you with written notice of cancellation 10 days prior to the next scheduled date. I also agree that the Amount to be Transferred may be adjusted from time-to-time to reflect future changes in the payment amount (for example, for interest rate charges). You will provide me notice of any adjustments to the Amount to be Transferred as required by law.

I understand and agree that if a payment due date falls on a non-business day, the payment amount will be debited from the Account and credited to the Loan as a loan payment on the next day you are open for regular business.

I further understand and agree that if the Account does not have sufficient balance on a day that a payment is to be debited from the Account and credited to the Loan, you may, at your option, suspend further efforts to debit the Account and look to me for the payment and all subsequent payments until such time as all payments under the Loan are current. In no event will availability of any credit line that I may have with you be used in determining whether the Account has a sufficient balance.

At your option and sole discretion, you may resume charging the Account without further instruction from me once all payments are current. If you do not resume charging to the account, you will notify me in writing that this authorization has been cancelled. Such cancellation of this authorization does not excuse me from making timely payment under the terms of the Loan. In any event, you, at our option, may cancel this authorization at any time.

Member Signature _____

Date _____

Daytime Phone Number: _____

Please attach a voided check.

***Allow ten days to process. If your transfer date falls on a weekend or holiday the payment will processed the next business day.**

RADIFICU Use Only: Image completed form & run power-on

Request received:

In Person

By Phone

By Email

Associate Taking Request: _____

Date: _____