

**Family 1<sup>st</sup> of Texas Federal Credit Union**  
**3501 Western Center Blvd**  
**Fort Worth, TX 76137**  
**Ph: 817-847-8992**  
**Fax: 817.847.0328**  
**Authorization Agreement for Direct Payments**  
**(ACH DEBITS)**

Member Name \_\_\_\_\_ Member/Acct Number \_\_\_\_\_ Today's Date \_\_\_\_\_

Phone Number \_\_\_\_\_ Start Date \_\_\_\_\_

Amount \$ \_\_\_\_\_ New \_\_\_\_\_ Change \_\_\_\_\_ Cancel \_\_\_\_\_

Frequency Bi-weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Semi-monthly \_\_\_\_\_ One-time (collections only) \_\_\_\_\_

Date of month: 1<sup>st</sup>, 5<sup>th</sup>, 10<sup>th</sup>, 15<sup>th</sup>, 20<sup>th</sup>, 25<sup>th</sup> \_\_\_\_\_

I authorize Family 1<sup>st</sup> of Texas FCU to initiate debit/credit entries to my accounts as stated below. I further authorize the credit union to initiate adjustment entries made in error to such accounts. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

**Institution to be debited:**

Financial Institution _____	Routing Number _____
City _____	Account Number _____
Branch/State _____	Account Type ( ) Savings
Telephone No _____	( ) Checking

**Institution to be credited:**

Financial Institution _____	Routing Number _____
City _____	Account Number _____
Branch/State _____	Account Type ( ) Savings
Telephone No _____	( ) Checking
	( ) Loan

Except as provided below, this authorization is to remain in full force and effect until the credit union has received **written notification from me** of its termination in such time and in such manner as to afford the credit union a reasonable time to act upon it. **Notifications must be made in writing.** I acknowledge and agree that, if the credit union receives a termination notification from me fewer than three business days before the date of the next scheduled transfer, the credit union may not be able to stop payment of that transfer. \_\_\_\_\_ (member initials)

I acknowledge and agree further that, if this authorization is for payment of a loan with Family 1<sup>st</sup> of Texas FCU and the loan payment on my loan is increased due to an event of default, Family 1<sup>st</sup> of Texas FCU may increase the amount of this authorization by a corresponding amount. After my loan is paid off, I will advise the credit union to terminate. \_\_\_\_\_ (member initials)

I further acknowledge that if my ACH item is returned, my account at Family 1<sup>st</sup> of Texas FCU will be charged a **\$35 ACH return fee**. If the amount was applied to a loan payment, the payment will be reversed and I will be responsible for making other payment arrangements. \_\_\_\_\_ (member initials)

Signature \_\_\_\_\_ Date \_\_\_\_\_

( ) Phone Request (collection dept only)

Note: Please attach a **voided check** with this authorization for verification purposes. Please allow 3 working days for processing.

**For Credit Union Use Only**

Received/Verified by: \_\_\_\_\_ ACH Transaction Entered by: \_\_\_\_\_ Date Entered: \_\_\_\_\_