



Building Relationships Since 1942

Yuma Central: 1780 S. 1st Avenue
Albertsons: 2378 W. 24th Street
Foothills: 11252 N. Frontage Rd.
Somerton: 530 E. Main Street
Parker: 916 14th St.

(888) 783-8881 | www.aeafcu.org

ACH Loan Payment Agreement

Primary Member's First Name: _____ Last Name: _____

Member#: _____ Loan ID: _____

Contact Phone Number: _____ Effective Date: _____

☐ New ACH Setup ☐ Change Financial Institution ☐ Change Account Number ☐ Change Payment Amount

FINANCIAL INSTITUTION INFORMATION

Payment Amount: _____ Date of 1st Payment: _____

Financial Institution: _____ Routing Number: _____

Physical Address: _____ City: _____

State: _____ Zip: _____

ACCOUNT HOLDER INFORMATION

Account Holder Name: _____ Account Number: _____

Physical Address: _____ City: _____

State: _____ Zip: _____

☐ Savings ☐ Checking (Please attach a voided check)

METHOD OF IDENTIFICATION

Type of Document Used: _____ Identification Number: _____

Expiration Date: _____

Signature: _____ Date: _____

AEA FCU Employee Signature: _____ Teller Number: _____

NOTE: For same month processing authorization must be received 15 business days prior to above transaction date.

I hereby authorize AEA Federal Credit Union to initiate debit entries and if necessary adjustment entries from my account identified at the Financial Institution named above and to credit the same to my account at the Credit Union. This authorization is to remain in full force and effect until my loan is paid in full or if it is withdrawn by me by completing a Written Statement of Unauthorized Debit – ACH (a fee may apply) or the Credit Union in such time and in such a manner as to afford The Credit Union and Depository a reasonable opportunity to act on it. This agreement shall be effective when signed below or in counterpart, and photocopy, facsimile, electronic or other copies shall have the same effect for all purposes as ink-signed original. I agree the Credit Union and its employees have no liability to me for their failure to complete the above authorized transactions in the event (a) I do not have available funds in any identified account to make the transaction, (b) the necessary data from the debiting institution is not timely received, is incomplete or is erroneous, (c) unforeseen circumstances or circumstances beyond the Credit Union's control (such as fire, flood, or other natural disaster) prevent or delay the transaction or (d) if this form is not completed properly or if any of the information I have provided on this form is incorrect. I additionally acknowledge there will be an insufficient funds fee added to my principal balance in the event of an insufficient funds notice from the debiting Financial Institution

Equal Opportunity Lender

Federally insured by NCUA

