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(210) 593-3710 * (210) 593-1222 Fax

AUTHORIZATION AGREEMENT FOR DIRECT LOAN PAYMENTS (ACH DEBITS)

Member Name _____

Account Number _____ Loan Number _____

Frequency of Payment _____ Start Date _____

Amount to be debited \$ _____ One Time Payment (please check box)

I hereby authorize **Texas Associations of Professionals Federal Credit Union** to initiate debit entries to my **checking account** indicated in the depository financial institution named below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Depository Name _____

City _____ State _____

Routing Number _____ Account Number _____

This authorization is to remain in full force and effect until **Texas Associations of Professionals Federal Credit Union** has received written notification from me of its termination. If the required scheduled loan payment changes for any account related reason, including but not limited to change in principal balance, interest rate, or in required escrow/impounds, **I hereby authorize the debit amount to be adjusted accordingly.**

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS FOR TERMINATION MUST BE PROVIDED TO TAP FCU 48 HOURS IN ADVANCE TO STOP A REOCCURRING ACH DEBIT. I AGREE TO NOT HOLD TAP FCU LIABLE FOR ANY FEES ACCESSED ON MY ACCOUNT OR MY LOAN NOT BEING CREDITED DUE TO INSUFFICIENT FUNDS AT THE TIME OF SCHEDULED ACH DEBIT.

Signature _____ Date _____

Printed Name _____ DL Number _____

***** Please attach a VOIDED check for account verification *****

----- FOR CREDIT UNION USE ONLY -----

REQUEST RECEIVED BY _____ WALK IN _____ MAIL _____ FAX _____ EMAIL

DATE REQUEST RECEIVED _____ TIME REQUEST RECEIVED _____

MEMBER SERVICE REPRESENTATIVE _____ - _____