



Request for Electronic Debit for Credit Union Loan(s)

Date: [redacted]

Reference: Loan Repayment Agreement

By signing below, you authorize 1st Choice Credit Union to initiate an Electronic Debit (ACH) :(select one option below):

- One-time only
Recurring (please select bi-weekly, monthly or semi-monthly) [redacted] debit from my/our checking/savings account (circle one) and that the ACH transactions to my/our account must comply with the provisions of U.S. law.

Please draft from my [redacted] account in the amount of \$ [redacted] (Name of financial institution)

Starting on [redacted] (enter date) for loan(s): # [redacted], # [redacted], # [redacted]

Financial Institution Information

Name of financial institution where funds are coming from:
Routing #: [redacted] Account #: [redacted] Select ONE [] Savings / [] Checking

Enter 1st Choice Credit Union Account Information Below:
Routing #: 261072770 Primary Share Account (savings account #: [redacted])

[redacted] Member's Name (Please Print)
[redacted] Member's Signature
[redacted] Date

This authorization is to remain in full force and effect until 1st Choice Credit Union has received written notification from me or (us) of its termination in such time and in such manner as to afford 1st Choice Credit Union a reasonable opportunity to act on it.

Complete this form and return by within 24 hours prior to the start date enter above to fax 404-614-0919 or via email.