



**CONSUMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH
(ACH DEBITS)**

I (we) hereby authorize AMERICAN SOUTHWEST CREDIT UNION (“FINANCIAL INSTITUTION”) to electronically debit my (our) account (and, if necessary, to electronically credit my (our) account to correct erroneous debits) as follows:

Checking Account / Savings Account (select one) debit at the depository financial institution named below (“DEPOSITORY FI”). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Depository FI Name _____

Routing Number _____ Account Number _____
(Must be 9-digits, beginning w/ 0, 1, 2, or 3)

Name(s) on the Account _____

Amount of Debit \$ _____ Date(s) and/or frequency of debit _____
 Recurring Debit
 One-Time Occurrence

I (we) understand that this authorization will remain in full force and effect until I (we) notify AMERICAN SOUTHWEST CREDIT UNION in person, in writing, or by telephone* at any ASCU branch that I (we) wish to revoke this authorization. I (we) understand that AMERICAN SOUTHWEST CREDIT UNION requires at least TWO (2) days’ notice prior to the effective date of this agreement in order to make any changes or cancel this authorization. I (we) have reviewed and understand that the routing information provided within this agreement is accurate and that no NSF fees, late charges, or any other processing fees incurred will be reimbursed by ASCU.

Name(s) _____
(Please Print)

Date _____ Signature(s) _____

*Toll Free at (800) 752-6394

*Please visit www.americansouthwestcu.org for branch locations

MSR # & INITIALS

DATE REC’D IN ACCTG

COMPLETED BY (ACCTG CLERK) & DATE