

FIRSTLIGHT FEDERAL CREDIT UNION
ACH ORIGATION
ACH AUTOMATIC LOAN PAYMENT AUTHORIZATION

____ARC
____CCD

____POP
____PPD

____RCK

____TEL
____WEB

Please Print

FIRSTLIGHT FEDERAL CREDIT UNION PAYMENT INFORMATION:

☒ **Deposit funds to (credit) my FirstLight Loan:**

Member Name: _____
First Last

Member # ☒ Loan # _____

Dollar Amount: \$ _____ Starting Date of First Automatic Payment: _____

Ending Date of First Automatic Payment: _____ * For Onetime Transfers

Frequency: ☐ **One Time** ☐ **Reoccurring**

☐ Weekly ☐ Semi-Monthly *Transfers will be processed on the _____ and _____.*
☐ Bi-Weekly ☐ Monthly

OTHER FINANCIAL INSTITUTION INFORMATION:

☒ **Pull Funds From (Debit) My Account:**

Name on Account: _____
First Last

If non-member
please provide DOB: _____

Name of Financial Institution: _____

Routing / ABA # | | | Account #: _____

Account Type: (Check One) ☐ Checking ☐ Savings _____

Change Transfer From	To:
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Note: If financial institution information changes – a new form must be completed.

Member Signature for change _____ Date _____

_____ Operator number	_____ Employee Signature	_____ Date
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MEMBER PLEASE READ BEFORE SIGNING:

Payments do not automatically stop once the loan is paid off or if an account has been closed. Automatic payments will continue until this authorization is cancelled.

AUTHORIZATION

I (We) authorize Firstlight Federal Credit Union (Firstlight) to automatically transfer funds as described above. I (We) acknowledge and agree that: I (We) will maintain sufficient funds to cover such transfers for both consumer and non-consumer accounts; b) Firstlight is not responsible for any fees, penalties, or late charges which may arise when funds are not available; c) the rights of Firstlight with respect to each transfer shall be the same as if it were a withdrawal evidenced by a written request personally signed by me (us); d) Firstlight retains the right to require a 10 business day notice in writing from me (us) prior to any intended transfer from my account; e) the origination of automated clearing house a/k/a ACH transactions to/from my (our) account must comply with the provisions of U.S. and other applicable laws; f) the transfers, for both consumer and non-consumer accounts, are bound & governed by the rules of the NACHA - The Electronic Payment Association f/k/a National Automated Clearing House Association, and by applicable law; g) this authorization will remain in effect unless cancelled by Firstlight or unless revoked by me in accordance with the next sub-paragraph; and h) revocation in such time and in such manner as to afford Firstlight a reasonable opportunity to act on it. i) Firstlight retains the right to require a 10-business day notice in writing from me (us) prior to any intended revocation of transfer from my account; j) Firstlight can be contacted via phone at 800.351.1670, via secure email within online/mobile banking, or by visiting any one of our branches. Any ACH rejected/returned three consecutive times will automatically be cancelled by Firstlight.

Date: _____ Signature: _____

Operator number

Employee Signature

Date

CANCELLATION AUTHORIZATION

I (We) authorize FirstLight to cancel the above described automatic transfer of fund. Cancellation fees may apply. These fees are set forth in the Fee Schedule located on our website.

Date: _____ Signature: _____

Operator number

Employee signature

Date

Please mail original form to P.O. Box 24901, El Paso, TX 79914 for processing.