



Virginia Credit Union

P.O. BOX 90010 RICHMOND, VA 23225-9010
804/323-6000 800/285-5051 www.vacu.org

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize Virginia Credit Union, Inc. (VACU) to initiate debit entries to my (our) account indicated below at the depository financial institution named below and to debit the same such account. I (we) agree to be bound by the National Automated Clearing House Association rules. In accordance with the rules, I (we) acknowledge that the origination of ACH transactions to my (our) account are provisional until final settlement of payment is received and must comply with federal, state or local law or regulation, including Office of Foreign Assets Control (OFAC) requirements.

This authorization is to remain in full force and effect until VACU has received written notification from either of us of its termination at least 15 days prior to the debit due date. VACU reserves the right to terminate this agreement for reasons including, but not limited to, returns for non-sufficient funds.

VACU Loan Number:	
Account Holder Name:	
Joint Account Holder Name: (If Applicable)	
Bank / Company Name:	
Routing / Transit Number:	
Account Number:	

Choose preferred draft date between 1st and 28th _____
(unless a weekend or holiday, then the next business day)

Signature: _____ Date: _____

Signature: _____ Date: _____

Please attach a preprinted voided check or deposit ticket.

Credit Union Use Only

Received By: _____ Date: _____ Time: _____