



P.O. Box 90010 Richmond, VA 23225-9010  
(804) 323-6000 (800) 285-5051 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.

Name \_\_\_\_\_ VACU Loan # \_\_\_\_\_

**Drafting Account Information:**

Account Holder Name \_\_\_\_\_

Joint Account Holder Name (if applicable) \_\_\_\_\_

Financial Institution Name \_\_\_\_\_

Routing / Transit Number \_\_\_\_\_

Account Number \_\_\_\_\_

Account Type (check one)     Checking     Savings

Draft on the \_\_\_\_\_ day of each month. **You may select any day of the month.**  
*(If this date falls on a weekend or holiday, then the draft is processed on the next business day.)*

Amount of Debit \_\_\_\_\_ *(must be at least the regular payment)*

Account Holder Signature \_\_\_\_\_ Date \_\_\_\_\_

Joint Account Holder Signature \_\_\_\_\_ Date \_\_\_\_\_

EFT Services Use Only

Processed By: \_\_\_\_\_ Date: \_\_\_\_\_ Payment Start Date: \_\_\_\_\_

**Return signed form to the above address, Attn. EFT Services or fax to 804/267-5414.**