

## **ACH DEBIT AUTHORIZATION / CHANGE / CANCELLATION AGREEMENT**

To avoid delays, please complete and fill out as accurately as you can.

Once completed, the form should be faxed to **(757) 499-5380** or sent via email to ach@chartway.com. If you need assistance completing this form, please contact us at **(800) 678-8765**.

New Authorization		Change		Cancellation		n
TRANSFER TO CHA	RTWAY FEDERA	AL CREDIT UNION N	MEMBER LOA	AN OR SHAR	E INFORMA	LION
Member Name on Account						
Member Number						
Account Type - Share or Loan ID						
Member Daytime Phone Number						
		RMATION FROM EX			RE	
Legal or Business Name on External Account			authorized s	If this is a personal account, I am an authorized signer? Y / N		
Bank or Credit Union Name				If this is a Business account, I am an authorized signer? (if applicable) Y / N		
ACH Routing Number			Monthly Pay	Monthly Payment Amount		
Account Number				Bi-weekly, Semi-monthly or Weekly Payment Amount ( if applicable)		
Account Type Checking or Savings			Date to Star	t		
Cha	REQUEST ange: Bank Informa	TO CHANGE OR CA	NCEL PAYM Frequency	ENT Date to Start		
Cancel all future transactions to b	egin on this date:					
Cancel payment for the transactio	n scheduled to occi	ur on this date only:				
Please note: The Credit Union payment for new ACH authoriza Terms and Conditions for Changes business days prior to the next sche any penalties or charges assessed a request applies to a loan held at the promissory note. You must continue cancellations must be provided at le on a non-business day, the debit male certify that I am an authorized si	and Cancellations: Teduled transaction. If at the above named Credit Union, you are to make the loan parast five (5) business ay occur the business	This form must be received for the Credit Union is unated Bank or Credit Union, increstill obligated to pay for ayment by other means used ays prior to the next sees days prior to ensure possible.	gin the following and acknowled ble to fulfill your cluding the amore the loan as againtil the debt has cheduled debit. It is sting on the school acknowled the school acknowledge t	edged by the Cre cancellation requ unt of the ACH d greed on your loa is been repaid in the understand if the neduled date.	dit Union at lea uest, we will no ebit. If this cand n application and full. All requests de debit is sched	st five (5) t be liable for cellation and/or loan s, changes, or
I agree to the Terms and Conditio	ns listed above.	-				
Name (Print)		Signature_			Date	
For Credit Union Use Only Form Completed By:						
		Branch _		Date	····	