



**ACH DEBIT AUTHORIZATION/CHANGE/CANCELLATION AGREEMENT (BUSINESS ACCOUNTS)**

Place an "X" indicating type of Ach Authorization Agreement being selected

<b>New Authorization</b>	<b>Change Existing Authorization</b>	<b>Cancellation of Existing Authorization</b>

<b>Member Business Name</b>	
<b>Member Business Account Number</b>	
<b>Account Type (Checking/Loan/Savings)</b>	
<b>Member Business Phone Number</b>	
<b>Member Business FEIN</b>	
<b>Member Business E-mail</b>	

**EXTERNAL DEPOSITORY INSTITUTION INFORMATION/TRANSACTION DETAILS**

<b>Date to Start ACH</b>	<b>EFT on</b>	<b>of every month starting on</b>	<b>(date)</b>
<b>Bank or CU Name</b>		<b>Name on Account</b>	
<b>Routing No.</b>		<b>ACH Amount</b>	
<b>Account No.</b>			
<b>Account Type</b>			

**REQUEST TO STOP PAYMENT**

<b>Cancel all Future Transactions starting on</b>	
<b>Stop Payment for the transaction scheduled to occur on this date only:</b>	
<b>Stop Payment for the transaction up to and including this date:</b>	

**Terms and Conditions for Changes and Cancellations:** This form must be received and acknowledged by the Credit Union at least FIVE (5) BUSINESS DAYS prior to the next scheduled transaction. If the Credit Union is unable to accommodate your stop payment request, we will not be liable for any penalties or charges assessed at the above-named Bank or Credit Union, including the amount of the ACH debit. If this stop payment request applies to a loan held at The Credit Union, you are still obligated to pay for the loan as agreed to in your loan application and loan promissory note. You must continue to make the loan payment by other means until the debt has been repaid in full. If this debit is for a loan payment, the undersigned understand that it is their responsibility to notify the credit union to stop the debit once the loan is paid in full. All requests – change or cancellation must be provided at least FIVE (5) BUSINESS DAYS prior to the next scheduled debit. If the loan is paid off and the credit union has not received instructions to stop the debit, undersigned understand that the funds will be credited to business’s checking account. Undersigned also understand if the debit is scheduled to occur on a non-business day, the debit may occur the business day prior to ensure posting on the scheduled date.

The undersigned acknowledge and agree that undersigned are authorized signer(s) for the business noted on this form, or otherwise have authority to act, on the accounts identified in this Agreement. The undersigned hereby authorize PIONEER MUTUAL FEDERAL CREDIT UNION (“Credit Union”) to initiate either debit, credit, and/or adjustment entries (including any error credit/debit entries) from the account indicated above at the external depository institution. The undersigned agree to the Terms and Conditions listed above for ACH Origination Cancellation if this ACH Agreement concerns a cancellation of an ACH. If this Agreement concerns a stop payment on an ACH, the undersigned are requesting and authorizing the credit union to stop payment for ACH transactions originated through the Credit Union using the instructions provided above. If this Agreement concerns a New ACH authorizations, the undersigned agree and acknowledge that the Credit Union must have a signed form FIVE (5) BUSINESS DAYS prior to the first scheduled payment. This authorization will remain in full effect and force until changed, cancelled, or revoked in writing by authorized individuals of the business.

<b>PRINTED NAME</b>	<b>SIGNATURE</b>	<b>TITLE/POSITION</b>	<b>DATE</b>

**PLEASE ATTACH A VOIDED BUSINESS CHECK TO THIS FORM**

**FOR OFFICE USE ONLY**

<b>Date Received:</b>	<b>Manager Approval:</b>	<b>Date Approved by Manager:</b>
<b>Date Posted</b>	<b>ACH Dept Approval:</b>	<b>Date Approved by ACH Dept:</b>