



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

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

New Authorization	Change Existing Authorization	Cancellation of Existing Authorization

Member Name	
Member Account Number	
Account Type (Savings/Checking/Loan)	
Member Daytime Phone Number	
Member ID/DL Number	
Member E-mail	

EXTERNAL DEPOSITORY INSTITUTION INFORMATION/TRANSACTION DETAILS

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

REQUEST TO STOP PAYMENT

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

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, Credit Union 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, I understand that it is my 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, I understand that the funds will be credited to my Share Account. I 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.

I acknowledge and agree that I am an authorized signer, or otherwise have authority to act, on the accounts identified in this Agreement. I 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 my account indicated above at the external depository institution. I 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, I am 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, I agree and acknowledge that the Credit Union must have a signed form FIVE (5) BUSINESS DAYS prior to the first scheduled payment.

Member's Signature:		Date:	
----------------------------	--	--------------	--

PLEASE ATTACH A VOIDED PERSONAL CHECK TO THIS FORM

FOR OFFICE USE ONLY

Date Received:	Manager Approval:	Date Approved by Manager:
Date Posted	ACH Dept Approval:	Date Approved by ACH Dept: