ACH One Time Payment Authorization Form



The purpose of this form is to authorize the Credit Union to debit your account at another financial institution, for a one time payment, in order to repay a loan with the Credit Union.

Please note: This form must be submitted at least three (3) business days prior to the desired payment date.

			Me	ember	Infor	rmat	ion										
Member Name						CU Member Number											
Daytime Phone		Mer	Member Email Address														
Authorize Coca-Cola Credit Union to initiate a charge to my (choose one):						Effective Date											
☐ Checking Account ☐ Savings Account ☐						l Loan											
Loan Number			Payment Frequency				Dollar Amount					Check One ☐ New Request ☐ Char					Change
		Fin	ancial	Instit	ution	beiı	ng de	bited									
Name of Financial Institution						Institution City					Institution State						
Financial Institution 9 Digit Rounting Tra	ansit Numbe	r															
Account Number to Debit													_				
I hereby authorize Coca-Cola Federa initiate adjustments (if necessary) for must comply with the provisions of time as to afford CCFCU and the Fir I understand that if the funds are no Schedule for fee and details. Please attach a copy of a voided character Coca-Cola Federal Credit Union P.O. Box 1734 Atlanta, GA 30301-1734	or any transa U.S. law. The nancial Insti ot available eck and fax	actions on a contract author a contract author a contract author a contract action and a contract author action and a contract author action a	debited ority will reasona ccount o	in erro remai able op on the	or. I ac n in ef oportu	know fect nity t	vledge until (to act	e that CCFCI on it. t date	the or U is no	iginat otified be ch	ion o by r arge	of AC me in d an	H trans writing	sactio g to ca	ns to ance	my a	account such
Coca-Cola Credit Union has the right origination activity.	nt to termina	ate, susp	end, or	audit	compl	lianc	e with	agre	emen	and	rules	, and	l addre	ess re	strict	tions (on ACH
Member Signature									Date								