



ACH DEBIT AUTHORIZATION FORM

The purpose of this form is to authorize the Credit Union to debit your account at another financial institution, on a recurring basis (not for one-time payments), 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.

MEMBER INFORMATION			
Member Name		CU Member Number	
Daytime Phone	Cell Phone	Member Email Address	
Authorize Coca-Cola Credit Union to initiate a charge to my (choose one): <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account <input type="checkbox"/> Loan			Effective Date
Loan Number	Payment Frequency	Dollar Amount \$	Check One <input type="checkbox"/> New Request <input type="checkbox"/> Change

FINANCIAL INSTITUTION BEING DEBITED		
I, _____ authorize <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account		
Financial Institution Name	Institution City	Institution State
Account Number to Debit	9 Digit Routing Number	

AUTHORIZATION

I hereby authorize Coca-Cola Credit Union (CCCU) to initiate a charge (debit) entry at the Financial Institution indicated above, and initiate adjustments (if necessary) for any transactions debited in error. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until CCCU is notified by me in writing to cancel it in such time as to afford CCCU and the Financial Institution a reasonable opportunity to act on it.

I understand that if the funds are not available in my account on the designated debit date I will be charged an NSF fee. See Rate and Fee Schedule for fee and details.

Please attach a copy of a voided check and fax to 404-598-2586 or mail to the address below attention Member Services.

Coca-Cola Credit Union
P.O. Box 1734
Atlanta, GA 30301-1734

Coca-Cola Credit Union has the right to terminate, suspend, or audit compliance with agreement and rules, and address restrictions on ACH origination activity.

Member Signature _____

Date _____