

Automatic Payment Authorization

(External)

Authorization Type:	New	Cancel	Change					
				No				
Member Name:								
Account/Loan to be (Account to which the pay	Credited: ment will be applied.)							
Phone #/Contact Info):		-					
FREQUENCY:	Monthly	Date: _						
	Semi-Month	y Dates:	&	_				
	Bi-Weekly External Payments O	Every o	other: Mon	Tues	Wed	Thur	Fri	(Select One)
	Weekly External Payments C	Every:	Mon	Tues	Wed	Thur	Fri	(Select One)
START DATE: Check here to run a one-time auto payment before listed start (Credit Union use only)							tart date.	
I authorize Rive River Valley to authority will re Notification to	er Valley Credit Union to initiate, if necessary, a de emain in effect until I not River Valley Credit Union for any changes, new aut	initiate a debit from the bit or edit entry to ify, in person or in w	n my account at to correct or adjust writing, RVCU to o	the finance any entr	y made to thorizatio	o my acc	ount in e	error. This
ACCOUNT TO	BE DEBITED:	me of Financial Institu	ution:					
	Na	me on Account:						
Routing/Transit Number:								
Account Numb					Savings	Che	cking	
	Tra	ansfer/Payment Amou	unt:					
nd in such matter as to affc ccount designated (either ir	n in full force and effect unt rd River Valley Credit Union ternal account or external i depositor financial institut I reason.	n a reasonable opport transfer institution), I r	tunity to act. I und may be charged a	erstand if i	funds are tient funds	not availc s fee by Ri	ible for ar iver Valle	ny reason from my y Credit Union and I
Signature of Account Holder: _					Date	:		_
CDEDIT LINION LISE ONLY	Accepted By:	Date:			Drocessed F	Rv.		Date: