



Account #: _____

Optional Payment

I, _____, authorize Encentus Federal Credit Union to set an optional payment on account _____ loan _____ weekly/biweekly/semi-monthly/monthly in the amount of \$ _____ effective _____.

Payment Status

I, _____, authorize Encentus Federal Credit Union to change my payment status from _____ to _____ effective _____. Please pull payment from Account Number _____.

Authorization for ACH Payments

I authorize Encentus Federal Credit Union to initiate ACH payments for the amount of \$ _____ from my [] Checking Account / [] Savings Account at the financial institution named below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. Please attach voided check from the financial institution named below.

Financial Institution's Name: _____

City: _____ State: _____ ZIP: _____

Routing/ABA #: _____ Account #: _____

This authority is to remain in effect until Encentus Federal Credit Union has received written notification from me of its termination in such time and in such manner as to afford Encentus Federal Credit Union a reasonable opportunity to act on it.

One-time payment on ____/____/____. Recurring payments --- start on ____/____/____.

Printed Name of Member

Signature of Member

Date

Credit Union Representative

Date