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SEVEN SEVENTEEN CREDIT UNION
ACH ORIGATION AUTHORIZATION FOR AUTOMATIC PAYMENTS

Member Name: Account: Phone:

Requesting: [] New Request [] Change Existing ACH Origination [] Cancel ACH Origination

Frequency: [] Weekly* [] Bi-Weekly* [] Monthly* [] Semi-Monthly:
* Will be based on "Start" date below. 1st Semi-Monthly Pmt Date 2nd Semi-Monthly Pmt Date

Amount to be Transferred: Start Date:
(At least 5 business days after we receive request)

How this ACH transaction will affect my SEVEN SEVENTEEN CREDIT UNION account:

Type of Transaction: [] Credit (deposit to my CREDIT UNION account) [] Debit (withdraw from my CREDIT UNION account)
Deposit funds to: [] Savings account # [] Checking account # [] Loan account #
Withdraw funds from: [] Savings account # [] Checking account #

How this ACH transaction will affect my OTHER bank account:

Other Depository Name: ABA Routing Number:

Type of Transaction: [] Credit (deposit to my OTHER account) [] Debit (withdraw from my OTHER account)
Deposit funds to: [] Savings account # [] Checking account # [] Loan account #
Withdraw funds from: [] Savings account # [] Checking account #

I hereby authorize Seven Seventeen Credit Union, hereinafter called COMPANY, to initiate credit or debit entries to the account indicated above at the depository financial institution named above, hereinafter called DEPOSITORY. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. If this authorization relates to payments on my (our) Seven Seventeen loan, changes in amounts and payments due because of additional agreements between me (us) and Seven Seventeen are authorized. This authorization will remain in full force and effect until COMPANY has received written notification from me of its termination or any changes five (5) business days to which the cancellation/change will take effect. I understand that it is my responsibility to cancel any ACH debits used to make loan payments once the loan has been paid in full. By signing below, I attest that I am the true and rightful owner and have full authority to transact on the account with both COMPANY and DEPOSITORY. Debits and credits may be revoked within 60 days from settlement date. Any NSF fees or related fees will be electronically debited from your account. I agree that if a credit or debit entry is returned due to account closure or stop payment, this authorization will be null and void. I also agree that if the same debit entry is returned twice due to non-sufficient funds, this origination will be cancelled.

Signature: Date:

Identity provisions require your signature to be witnessed by a Credit Union official or Notary Public

Sent by: Employee Date

Processed by: Employee Date