



AUTOMATED PAYMENT AUTHORIZATION FORM

You can have your First American Credit Union loan payments automatically transferred from your checking account at another financial institution.

- Never worry about missing a payment
- No more check-writing hassle
- More secure than sending your payment in the mail

I hereby authorize First American Credit Union to initiate the transfer of funds from my account at the financial institution indicated below to my loan account at First American Credit Union. I acknowledge the origination of ACH transactions to my account must comply with the provisions of U.S. law. *I further understand that any incomplete information may delay processing of my payment.*

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|---|-------|----------|
| FINANCIAL INSTITUTION WHERE CHECKING ACCOUNT IS LOCATED | | |
| CITY | STATE | ZIP CODE |

| | | | | | | | | | | | | | | | | | | | | | | |
|--|-------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| FINANCIAL INSTITUTION ROUTING/TRANSIT NUMBER | CHECKING ACCOUNT NUMBER | | | | | | | | | | | | | | | | | | | | | |
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|----------------------|---------------|---|
| AMOUNT TO BE DEBITED | DATE TO BEGIN | FREQUENCY |
| \$ | | <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly |

Biweekly: I understand that I have selected Bi-weekly which means my ACH may be processed a third time in one month. I agree to this as well as understand First American CU will not reverse this extra payment.

Weekly: I understand that I have selected Weekly which means my ACH may be processed a fifth time in one month. I agree to this as well as understand First American CU will not reverse this extra payment.

This authority is to remain in full force and effect until First American Credit Union has received written notification from me of its termination within three business days prior to the scheduled date as to afford First American Credit Union a reasonable opportunity to act on it. This Agreement shall be governed by the laws of the State of Arizona and the rules of the National Automated Clearing House Association.

| | |
|---------------------------------|-------------------------|
| FIRST AMERICAN CU MEMBER NUMBER | LOAN NUMBER |
| PRIMARY MEMBER (PRINT) | JOINT OWNER (PRINT) |
| MEMBER'S SIGNATURE | JOINT OWNER'S SIGNATURE |
| DATE | DATE |
| Additional Comments: | |

Once completed, please send to First American Credit Union

Email to: Loans@firstamerican.org

Fax to: 520.836.2544

Mail to: First American Credit Union PO Box 10099, Casa Grande, AZ 85130

Please call us at 520.836.8848 with any questions.