

🗌 new	□ cancel	🗆 amount chang	ed 🛛 🗆 date change 🖾 frequency change
FROM:			TO:
(Financial Institution	Name)		Gesa Credit Union 51 Gage Blvd.
(Address)(City/State)(Zip)			Richland, WA 99352
ABA Routing #	Acct#	Type C, S	325181248 Acct# Type C, S, L
то:			FROM:
(Financial Institution Name)			Gesa Credit Union 51 Gage Blvd. Richland, WA 99352
(Address)(City/State)(Zip)			
ABA Routing #	Acct#	Type C, S, L	325181248
REQUIRED IF CHECK COPY IS NOT AVAILABLE. FREQUENCY (check one) Single transfer			kly
(Checking/Savings Only - Loan payments must be set up monthly)			
Start Date: Amount:			Additional to Principal:
Please allow 3 business days for Credit Union Processing.			
You must contact Gesa Credit Union when your loan is paid in full to ensure a complete stop of the ACH transfer of funds.			
Member Signature:			Printed Name:
Date: Phone #			Branch Employee:

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM

All written debit authorizations must provide that the Receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

Completed form may be faxed to **509-378-3412**.



- This authorization is to remain in effect until Gesa has notification from an account owner of its termination in such time and manner as to afford Gesa and FINANCIAL INSTITUTION a reasonable opportunity to act on it. If transfer is to an account other than a Gesa loan, you must contact Gesa when you wish the transfer discontinued, to ensure a complete stop of funds transfer.
- I understand all ACH entries transmitted by myself and Gesa are bound by the NACHA Operating Rules; I have authorization to debit or credit the account at the receiving financial institution.
- I agree not to violate the laws of the U.S. by generating transactions to any account blocked by the Office of Foreign Asset Control.
- The amount of a preauthorized transfer is credited as of the date the funds for the transfer are received. Gesa will make every effort to process, transmit and settle for transactions, but is not liable for any inconsequential special, punitive or indirect loss or damage if the transaction is delayed.
- I understand that if the account number and name on the transaction are inconsistent, the receiving financial institution may credit/debit the account solely on the account number.
- I agree to maintain an account with available funds to cover any credit entries transmitted on my behalf; or fund any returns received for prior debit entries transmitted on my behalf; or fund any returns received for prior debit entries transmitted by Gesa during the term of the agreement. Gesa may debit any account maintained by me to satisfy amounts owed.
- If the transfer is for a loan payment, I authorize Gesa to transfer the specified amount each month on the scheduled date to be used to pay accrued interest first and then to apply against the principal balance. The last transfer, while not exceeding the total authorized amount, will be sufficient to cover accrued interest and the remaining balance.
- I authorize Gesa to adjust this transfer to reflect periodic changes (if applicable) in my loan payment. I understand that I must continue to remit my periodic payment by other means until such time as automatic payment begins.
- The interest rate charged on my loan will be reduced by ______ so long as this automatic transfer is maintained and there are available funds for transfer each month. (Does not apply to First Mortgage loans, home equity loans, home equity lines of credit, overdraft lines of credit, personal lines of credit, share loans, term share loans and employee clothing loans.)
- I am responsible and hold Gesa harmless for all fees against my account(s) as a result of this agreement. Gesa does not condition an extension of credit to a consumer on the repayment of loans by preauthorized EFT except for credit extended under an overdraft credit plan or extended to maintain a specified minimum balance in the account.
- Funds for this transfer will be available in the account I designated for my next scheduled payment. I am aware that the date I have scheduled payments to be made is the same date that funds will be pulled from my account. If there are not sufficient funds in my account on the date my payment is scheduled, overdraft protection sources available to the originating account will be utilized and the applicable fee charged to my account.