



Accounting Fax: 770-420-3850

ACH Debit Authorization

Community Credit Union

Member Number: _____

(Credit to LGEccu) (Rev 12/13)

OFFICIAL USE ONLY

REQUEST RECEIVED: ____ In Person ____ By Mail ____ By Fax Date _____ Teller No. _____

Routing and Account number verified

Start ACH Request

Cancel ACH Request

Request Must be Completed & Signed by Member (Please Print)

**Authorization Agreement To Request Electronic Funds Transfers
From Another Financial Institution To LGE Community Credit Union (ACH Debits)**

I (we) hereby authorize LGE Community Credit Union (LGEccu), to initiate debit entries from my (our) account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution Name _____

Financial Institution City & State _____

9-Digit Routing Number _____ Account Number _____

Account Type: Checking Savings

Name On Account At Other Financial Institution _____

Start Date _____ (Allow **minimum of 5 days** for debit to begin. Your account will be debited on or after this date)

Amount: \$ _____

Frequency: Weekly Bi-Weekly Semi-Monthly Monthly Quarterly This is a one time request

Credit my LGEccu account number _____ Share/Loan ID _____ to make this transfer.

This authorization is to remain in full force and effect until LGEccu has received written notification from me (or either of us) of its termination in such time and in such manner as to afford LGEccu and DEPOSITORY a reasonable opportunity to act on it. Fees may be charged for any returned item in accordance with our Service Charge Schedule. Your rights and responsibilities under the law are outlined in the Federal Reserve Board's Regulation E that was provided in your account opening disclosures. I hereby agree to indemnify and hold harmless LGE Community Credit Union from and against all claims that may arise against it by reason of acting pursuant to the foregoing authorization agreement. I hereby affirm that this information is correct.

Name (s) _____ Driver's License or other ID # _____
(Please Print)

Signature _____ Date _____

Daytime Telephone Number _____

Processing Use Only

Processed By: _____ Date: _____

Verified By: _____

PLEASE SEND ORIGINAL TO ACH DEPT

You may present your request for this authorization, in person, at any LGEccu office, or you may mail this form to:
LGE Community Credit Union, ACH Dept, 430 Commerce Park Drive, Marietta, GA 30060

You may also fax this form to the Accounting Department at 770-420-3850