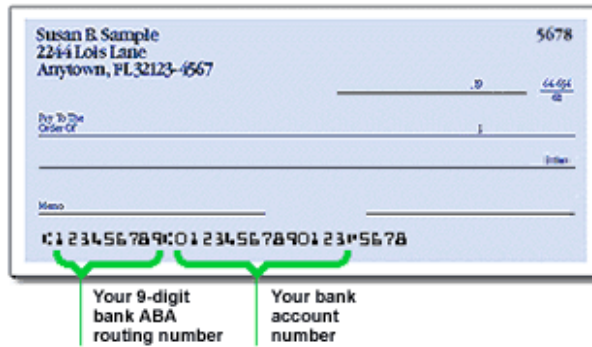




ACH Origination/Electronic Debit Authorization Form for Loan Payment

I hereby authorize Georgia Heritage FCU to initiate an electronic debit entry to my Checking/Savings account using the information shown below to pay recurring loan payments for my Georgia Heritage FCU loan.

Please Complete the Following Information About the <u>EXTERNAL</u> Account <i>*(All fields noted with * are required fields)</i>			
*Account Number to Be Charged:		Savings Account OR Checking Account	*Choose One
*ABA/Routing Number:			
*Bank Name:		*Bank City, State:	



REQUIRED: Attach a voided check (Checking) or withdrawal slip (Savings) from the account to be charged.

I understand and agree that no personal or financial information collected by the Electronic Funds Transfer System will be divulged to anyone, without my consent, unless required by law.

Authorization Information					
Frequency Setup:	<i>Choose One:</i>	Monthly	Weekly	Bi-Weekly	Semi-Monthly
Member Name:			Recurring Date(s)/Day(s):		
Member Signature:			Amount Authorized:		\$
Phone Number:			Date Signed:		

In order to cancel this authorization, you agree to notify us in writing 30 days prior to the transaction posting date.

This section to be completed by Georgia Heritage Federal Credit Union

ACH Origination will be posted to the following loan: **Account Number:** _____ / **Loan ID:** _____

Employee Name: _____ **Date Processed:** _____

Completed forms can be returned by fax, mail, or be hand delivered to one of our branches.