



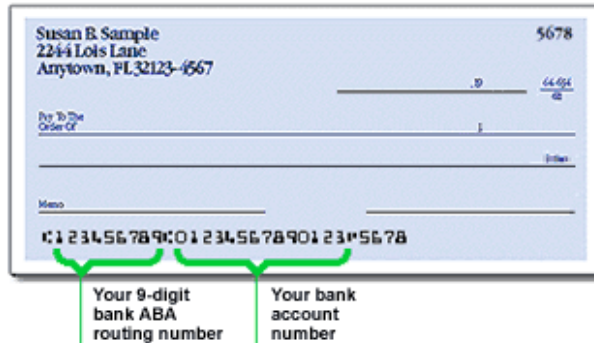
ACH Origination/Electronic Debit Authorization Form for Loan Payment

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

Account Number to be charged _____
Savings *or* *Checking*

ABA/Routing Number _____

Bank Name _____ Bank City, State _____



Please attach voided check (Checking) or withdrawal slip (Savings) from the account to be charged.

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

_____	_____
Name	Signature
_____	_____
Name	Signature
_____	\$ _____
[Recurring date(s) / day(s)]	[Amount Authorized]

Frequency Setup: **Monthly** **Weekly** **Bi-Weekly** **Semi-Monthly**

Date Signed: _____ Phone Number: _____

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: Loan Account Number: _____
[Member number/Loan ID]