

Primary Member Name: \_\_\_\_\_ Account #: \_\_\_\_\_



**AUTOMATIC PAYMENT AUTHORIZATION FOR LOAN PAYMENTS**

I hereby authorize Credit Union of Denver, hereinafter called **credit union**, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called **financial institution**. I (We) acknowledge that the origination of ACH transactions to my account must comply with the provision of U.S. Law. Credit Union of Denver will initiate debit entries for loan payments **only**.

**Payment Information:** (To Account)

Member Name: \_\_\_\_\_ Start Date: \_\_\_\_\_

Check One:  Bi-Weekly  Monthly Credit Union Acct. # + 2 digit loan suffix: \_\_\_\_\_

Dollar Amount: \$ \_\_\_\_\_

**Financial Institution Information:** (From Account)

Financial Institution Name: \_\_\_\_\_

Account Holder Name: \_\_\_\_\_

Financial Institution Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Type Check One:  Checking  Savings

This service will be offered on a monthly and bi-weekly basis only. **Please allow 4 to 6 weeks for your Automatic Payment to become effective.** In the meantime, please continue to make your regular payments.

If sufficient collected funds are not available from your **financial institution** for the automatic debit, it will be your responsibility to make the payment in another form to avoid late fees and negative credit reporting. The **credit union** will not submit the request for payment more than one time per cycle.

This authorization is to remain in full force and effect until the **credit union** has received written notification from me of its termination in such time and manner as to afford the **credit union** and **financial institution** a reasonable opportunity to act on it.

You may contact the **credit union** regarding errors or discontinuing service by notifying us in person or writing to:

Credit Union of Denver  
Attn: Accounting  
9305 W. Alameda Avenue  
Lakewood CO, 80226

\_\_\_\_\_  
*Authorized Account Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Authorized Account Signature*

\_\_\_\_\_  
*Date*

**Please attach a copy of a voided check to this form.**

- Complete, Print, then Sign and Return via one of the following:
- **Fax:** 303.238.3157 (Please verify the fax number before transmitting. (Credit Union of Denver is not liable for forms sent to the incorrect fax number.)
  - **Email:** Scan and Send through our [Secure eMessage Portal](#)
  - **Mail:** Credit Union of Denver, Attn: Accounting 9305 W. Alameda Avenue Lakewood CO, 80226-9402
  - **Drop off:** At any one of our 3 branches

**Accounting Use Only**  
Date: \_\_\_\_\_ OFAC:  Name: \_\_\_\_\_ Initials: \_\_\_\_\_