

If completing by hand, please use black ink only.

### 1) GENERAL INFORMATION

NAME (FIRST, MIDDLE, LAST)

DATE

PRIMARY MAILING ADDRESS

CITY

STATE/PROVINCE

ZIP/POSTAL CODE

COUNTRY

PHONE NUMBER

PLEASE INDICATE THE TYPE OF AUTHORIZATION THESE INSTRUCTIONS ARE INTENDED FOR:

- NEW AUTHORIZATION  
 REVISING OR CHANGING EXISTING AUTHORIZATION  
(Indicate only revisions or changes in sections 2 and then provide an authorized signature in section 3.)

### 2) ACH DEBIT FROM

I WOULD LIKE ADELFI TO INITIATE ACH DEBIT ENTRIES FROM: **(SELECT ONE.)**

- MY ADELFI CHECKING ACCOUNT  A CHECKING ACCOUNT AT A DIFFERENT U.S. BANK OR FINANCIAL INSTITUTION

ACCOUNT NUMBER

NAME OF BANK OR FINANCIAL INSTITUTION

ACCOUNT NUMBER

ROUTING NUMBER

Payment Amount: **(SELECT ONE.)**

- PLEASE PROCESS THE MINIMUM MONTHLY PAYMENT AMOUNT FOR MY LOAN  
 PLEASE PROCESS THE MINIMUM MONTHLY PAYMENT AMOUNT FOR MY LOAN PLUS AN ADDITIONAL AMOUNT OF \$ \_\_\_\_\_ PER MONTH

### 3) AUTHORIZATION SIGNATURE

I authorize AdelFi ("Credit Union") to initiate debit entries from the account indicated above to pay my loan as requested above. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of United States law. I further agree that if there are insufficient funds in my account on any scheduled date of a debit entry, the debit entry will be reversed and I may be charged the costs associated with collection of the payment. Credit Union shall be under no liability whatsoever if such reversal results in late charges.

If I elect to make automatic payments and the account number indicated above is closed, I will notify the Credit Union of the account to be charged.

This authority 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 in such manner as to afford the Credit Union a reasonable opportunity to act on it.

X

SIGNATURE OF AUTHORIZED ACCOUNT SIGNER

DATE

PRINTED NAME OF AUTHORIZED ACCOUNT SIGNER