



ACH EZ Pay Agreement New Setup Form

To Pay First Flight Federal Credit Union
Loans from External Accounts Only.

By signing this form, I acknowledge that I am an owner and/or authorized signer of the account to be debited. I understand that should the scheduled debit date fall on a non-business day, that the ACH Debit will take place on the following business day and I agree that First Flight FCU will not be responsible for any late fees that may have been charged because of this. I agree to pay any fees that may be applied that are associated with this ACH transfer and I understand that ACH transactions to my account must comply with the provisions of U.S. Law and the rules of the National Automated Clearing House Association. I further understand that it is my responsibility to ensure sufficient funds are available to be debited. If there are not sufficient funds at my other financial institution at the time of the debit, I understand that First Flight FCU may attempt to resubmit the payment up to two additional times and/or terminate the transfer immediately and I must sign a new agreement to restart this origination.

This authorization is to remain in effect until First Flight FCU has received written notification from me of its termination via the Original EZ Pay Cancellation Form. Authorization may only be revoked through notification in the manner stated herein.

Please allow 10 days for the authorization to begin. I agree to give First Flight FCU at least 3 business days from my written notification to make changes to or to terminate my ACH Payment. I understand that the debited amount may be updated to reflect changes in the payment amount due and a notice will be sent by First Flight Federal Credit Union 10 days prior to any such change.

Member Name: _____

Date: _____

OP# (Internal Use Only): _____

Branch (Internal Use Only): _____

I, _____ authorize First Flight Federal Credit Union to originate a pre-authorized ACH (Automatic Clearing House) payment in the amount of \$ _____ per the following instructions:

Credit

First Flight FCU Loan Account #: _____

Frequency:

(Example: 123456 L12)

Weekly

Bi-Weekly

Semi-Monthly (Date: _____ & Date: _____)

Monthly on Date: _____

Monthly on last day of month

Start Date: _____

(Allow 10 days to begin)

Debit

Your Other Financial Institution

Name of Institution: _____

Routing/ABA#: _____

Account #: _____

Account Type (Check One):

Checking

Savings

Name on Account: _____

Account Holder Signature: _____

Date: _____