



157 York Road, Warminster PA 18974

888-7-VIRIVA • 215-333-1201 (Local) • WWW.VIRIVA.COM

AUTHORIZATION FOR ACH ORIGATION DEBIT (INCOMING)

Primary Name on your credit union account:

Account Number:	Type of Account: <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Loan _____ (suffix or type)
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Email:	Daytime Phone:
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ACH FINANCIAL INSTITUTION DEBIT AUTHORIZATION

Check the appropriate box below:

For one single payment to the above-listed account, please debit my account detailed below as follows:

Amount of single payment: \$ _____ Date of Withdrawal: _____ / _____ /20 _____

OR

For recurring payments to the above-listed account, please debit my account detailed below as follows:

<input type="checkbox"/> Monthly Payment	<input type="checkbox"/> Semi-Monthly Payment
Amount of payment: \$ _____	Day(s) of the month debit to be withdrawn: _____

To begin on: _____ / _____ /20 _____

By completing and submitting this form, I hereby acknowledge and agree to the following: (1) this form authorizes the credit union to initiate debit entries from the below-listed account at the financial institution named below; (2) these transactions shall comply with applicable provisions of U.S. law; (3) this authorization will remain in full force and effect until the credit union receives written notification from me of its termination and that such notice of termination will not be effective unless received no later than 1 p.m. EST at least 3 business days prior to the scheduled transfer; (4) I am responsible for providing accurate and correct account information to effect a transfer and the credit union is not responsible for any fees, interest or loss of dividend due to a transfer not being completed due to my provision of incomplete, inaccurate or incorrect information; (5) should the date chosen for this transfer fall on a weekend or federal holiday, the transfer shall occur on the next business day; (6) I am responsible for ensuring that the funds in the account to be debited are available and sufficient to cover the transfer on its scheduled transfer date; and (7) the credit union is not responsible for any fees/penalties assessed by either institution, including fees for returned or unpaid items, any interest charged or loss of dividend resulting from unavailable or insufficient funds in the account scheduled for debiting.

Name of Financial Institution:

Name(s) on Account:

Account Number:

Type of Account: <input type="checkbox"/> Savings <input type="checkbox"/> Checking	Financial Institution Phone Number: ()
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9-digit Routing Number/ABA Number:

_____ / _____ /20 _____	_____ / _____ /20 _____
Signature of Authorized Account Signer	Date

MAIL TO:	For Credit Union Use Only	For ESO Use Only
FAX FORM TO:	Date Received: ___/___/___ By: _____ My Tel #: _____	Date Received: ___/___/___ By: _____ Date Entered: ___/___/___ By: _____