

Date entered in systems:		MOBC FCU use only.			
ACH:					
Database:					
-					

## **ACH LOAN PAYMENT AUTHORIZATION**

New Change	Cancel						
MOBC FCU Acccount Owner's Name	MOBC FCU Account Number						
Financial Instituion to be Debited							
Name of Financial Instituion to be Debited			Routing Number (ABA)				
City		State	Zip	Code			
Name on Account			Account Num	her			
Please deduct from my/our: (select one) Checking Saving							
I (We) hereby authorize Mount Olive Baptist Church Federal Credit Union ("MOBC FCU") to DEBIT my account with the Debited Financial Institution named above to make my scheduled payment with MOBC FCU. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.  I (We) understand that MOBC FCU is not responsible for any fees, penalties or late charges, which may arise when funds are not available and the ACH debit is rejected. I (We) also understand that any rejected debits may be resubmitted. Payment dates that fall on a non-business day will be posted on the next business day.  One time  Weekly  Biweekly  (every 2 wks)  Semi-monthly  Monthy							
I request a Debit amount of:							
MOBC FCU Loan ID #							
Note: If your final deduction is greater than your final payment, the remainder will be deposited into you MOBC FCU savings account.							
I (We) understand that Automatic Payments will begin on the first due date <b>AFTER</b> the submission of this form.							
Please start my automatic payment on (mm/dd/yyyy) and the day of each month thereafter.							
This authorization is to remain in full force and effect until MOBC FCU has received written authorization from an account owner of its termination no later than 3 business days prior to the initiation of the next payment. I also understand that if a change or cancellation is requested, this form supersedes any previous form(s) on file.							
Account Owner's Name	Signature			Dates			

Note: Two consecutive failed payments may result in termination of the automatic debit from the other institution.

Phone: 817.261.9325 Fax: 817.275.2806 mobcfcu.com