# VIRGINIA Credit Union.

(855) 752-8459      vacu.org

## Automatic Payment (ACH) Authorization

We offer a convenient system that automatically debits your mortgage payment from your checking or savings account each month. To take advantage of this FREE service, simply complete this form and return it to us using one of the methods below:

**Via Mail: Drafting Department, PO Box 77421, Ewing, NJ 08628.**
**Via Fax: (609) 718-1735.**

I/We hereby authorize my/our lender, its successors, assigns, and subservicers to initiate a debit from my/our checking/savings account listed below for my/our recurring scheduled monthly loan payment. If the required payment changes for any reason, this authorization will be automatically amended to authorize the debit of an amount equal to the new required payment plus any optional additional principal that I/we indicate below.
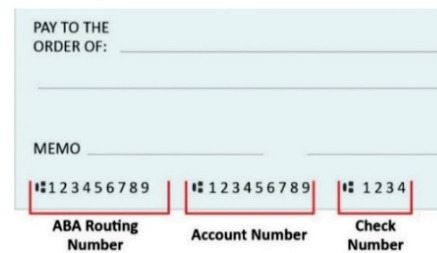
Name: _____

Loan Number: _____

Bank Name: _____

ABA Routing Number: _____

Account Number: _____

Account Type (please check one): ☐ Checking     ☐ Savings

PAY TO THE
ORDER OF: _____

MEMO _____

⑆123456789    ⑆123456789    ⑆1234

**ABA Routing Number**    **Account Number**    **Check Number**

**Optional:** In addition to my/our regular payment, please deduct an additional $_____ *per debit* and apply to the principal.

**Please note if you have a bi-weekly or HELOC loan, you do not need to check a drafting date below as your loan must draft on the due date.**

**Please check the appropriate box for the day you would like your draft to occur. You can choose the due date or any day up to 9 days after the due date.**

☐ On the due date     ☐ 1 day after     ☐ 2 days after     ☐ 3 days after     ☐ 4 days after

☐ 5 days after     ☐ 6 days after     ☐ 7 days after     ☐ 8 days after     ☐ 9 days after

*Important Note: Please continue making payments by check or online through the website vacu.org until you are notified that this authorization has been processed and when the first transfer will occur.*

The authorization to initiate a debit from my/our account will remain in full force and effect until my/our lender receives written notice from me/us of its termination at least 15 business days prior to the next scheduled draft date, or in such manner and time frame as to afford my/our lender and its correspondent bank a reasonable opportunity to act upon it. Termination requests can be mailed or faxed, using the return information in the first paragraph.

Account Holder Signature _____ Date_____

Joint Account Holder Signature _____ Date_____