



## Automatic Payment Authorization

**Instructions:** The completed authorization can be dropped off at any branch location or mailed to the address listed above.

We must receive this authorization at least **5 business days** before the Desired Monthly Transfer Date of the first transfer (start date), otherwise, the first transfer will occur the following month. Please check the appropriate box below:

Set Up New    Change an Existing    Cancel an Existing

PART 1: Account Information ("Transfer to")	
Member Name:	Account Number:
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan   Suffix: _____	

PART 2: Account Information payment is to be withdrawn ("Transfer from")	
Account Owner:	Account Number:
Financial Institution Name:	ABA Routing Number:
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	

PART 3: Payment Information
Monthly Payment Amount <sup>1</sup> : <input type="checkbox"/> Fixed amount \$ _____. I understand should this amount be less than the Amount Due I will have an unpaid balance due on my account.
Desired Transfer Date <sup>2</sup> : <input type="checkbox"/> One time payment <input type="checkbox"/> Monthly on _____ day of the month, starting on _____ date. <input type="checkbox"/> Weekly <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri Starting on _____ date. <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri Starting on _____ date.

<sup>1</sup> Payment details for your loan account can be found in your loan documents.

<sup>2</sup> If a Transfer Date falls on the 29th, 30th, or 31st of a month and that date does not occur in that month, the Due Date will be adjusted to the last day of that month. If the Transfer Date of any scheduled payment is not on a business day, activity will occur on the next business day.

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**PART 4: Signature of Owner of Account being debited**

I agree that Climb Credit Union will not be liable for any loss or damages if the information provided is inaccurate or if the payment is initiated untimely. I understand the account owner is fully responsible for all loan payment(s) and charges that may be assessed if funds are not available at the time of transfer. Whether or not the payment is made via this automated method, it is the responsibility of the loan account owner to make sure all loan payments are made on time.

I hereby authorize Climb Credit Union to electronically transfer funds from my checking or savings account to the Climb Credit Union loan account. I authorize the transfer to remain in full force and effect until Climb Credit Union has received written or verbal notification to discontinue the authorization no less than 5 business days prior to the next scheduled transfer. Changes to an existing authorized transfer must be in writing. By signing, I certify I am the owner of the account being debited and agree to the terms stated herein.

Email Address:

Phone Number:

Signature:

Date:

If you have questions regarding this form, please call **303-427-5005**. Please retain a copy for your records.