

ACH Debit Authorization Agreement for Recurring Payments to CU*Answers, Inc.

Debit to Your Financial Institution / Credit to CU*Answers, Inc.

Revised: August 10, 2020

This form is used to authorize CU*Answers to debit your account for payment of invoices from CU*Answers, Inc. Submit the completed form to the CU*Answers Accounting Services Team as instructed below.

This is a (choose one) New authorization agreement Change to an existing authorization agreement

DEBIT INSTRUCTIONS

Credit union name Routing #
 Account # to debit Type of account (choose one) Checking Savings

➔ **ACH EFFECTIVE DATE / FREQUENCY OF DEBIT WILL BE MONTHLY ON THE 25TH**

AUTHORIZATION

You hereby authorize and request CU*Answers to debit funds from your account at the Financial Institution indicated. Funds need to be on deposit at the designated Financial Institution by 12 noon ET the day prior to the effective date of the ACH debit. In the event of an error, you authorize CU*Answers to take any and all action required to correct the error, including but not limited to, crediting or debiting your account with the Financial Institution.

*To avoid delay, all authorizations need to be received at CU*Answers, Inc. 10 business days prior to date of debit, and must be accompanied by a pre-printed document from the financial institution being debited listing all authorized signers. The following will be accepted: verification letter from your Financial Institution, voided check, deposit slip, or top portion of a statement.*

This authorization will remain in full force and effect, and will continue to occur on the date(s) indicated, until CU*Answers, Inc. receives written notification from you of its termination in such time and in such manner as to afford the financial institutions involved a reasonable opportunity to act on it. You understand that if a preauthorized ACH debit is returned three times within a twelve-month period, CU*Answers will cancel the ACH Debit Authorization Agreement for Direct Payments.

You agree to indemnify and hold CU*Answers harmless from all costs, including attorney's fees, (to the extent permitted by law), damage or claims related to action in refusing payment of the item, including claims by any authorized signer, payee, or endorsee, or in failing to cancel or process an item as a result of incorrect information provided by you.

By signing below, you certify that the information you have given on this ACH Debit Authorization Agreement for Direct Payments is complete, true, and submitted for the purpose selected above.

TO CANCEL THIS AUTHORIZATION YOU MUST NOTIFY CU*ANSWERS IN WRITING.

Name of person authorizing debits
Must be an authorized signer on the account from which funds are being debited.
 Email address
 Daytime phone #
 Signature Date

Instructions

For new clients, give the signed form to your Conversion Coordinator. Existing clients can direct signed forms to the CU*Answers Accounting Services Team at fax #616-285-7285 or attach it to a **secure email** to accounting@cuanswers.com.

FOR CU*ANSWERS ACCOUNTING TEAM USE ONLY

Date received Date processed Processed by
 Notes

FOR ADMINISTRATION USE ONLY

To be retained by the Accounting team according to the Records Retention Schedule.

Created: 8/7/2020 10:03:00 AM By: Dawn Moore
 Revised: 8/10/2020 9:03:00 AM By: Dawn Moore
 Form/revisions requested by: Marilyn Boyd
 Path to source document: X:\Administration\Public\Templates\Source files for PDF forms\VACHDebitAuthorizationAgreement_CUA.docx