Hughes Federal Credit Union
PO Box 11900 | Tucson, Arizona 85734-1900

Direct Payment Authorization

520-794-8341 | 520-806-3136 Fax

PLEASE CHECK APPLICABLE BOX

☐ New ACH Setup ☐ Change Financial Institution Info ☐ Change Amount ☐ Terminate

FOR PAYMENT DATE CHANGES A FORM IS REQUIRED TO TERMINATE THE EXISTING DIRECT PAYMENT AUTHORIZATION AND A NEW FORM IS REQUIRED TO SET UP A NEW DIRECT PAYMENT AUTHORIZATION.

I (we) hereby authorize Hughes Federal Credit Union, hereinafter called THE CREDIT UNION, to initiate debit entries and, if necessary, adjustment entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION.

Name of Financial Institution		Account Holder Name
City	State	Zip Code

Financial Institution Routing & Transit (ABA) Number

Account Number

REVIEW ROUTING NUMBER AND ACCOUNT NUMBER FOR ACCURACY

A RETURN ITEM FEE WILL BE CHARGED FOR RETURNED PAYMENTS. Please refer to most recent Rates and Fee Schedule

☐ Checking ☐ Savings ☐ Monthly ☐ Bi-Weekly ☐ Weekly

☐ Semi-monthly on _____ _____
(Enter days of month)

Amount	1st Payment Date

Primary Member Name - Printed	HFCU Member #	Loan #

I hereby authorize THE CREDIT UNION to initiate recurring-entry ACH debits and, if necessary, adjustment entries to my checking/savings account indicated and the depository financial institution named, hereinafter called DEPOSITORY, to accept such entries and to charge thereof to such account. To avoid possible fees, the credit union may adjust the payment amount to match the contract payment.

This authorization is to remain in full force and effect until The Credit Union has received written notification from me of any changes or of termination in such time and in such manner as to afford The Credit Union and Depository a reasonable opportunity to act on it. This agreement shall be effective when signed below or in counterpart, and photocopy, facsimile, electronic or other copies shall have the same effect for all purposes as ink-signed original. I further understand that if this form in not completely filled out or if any of the information I have given is incorrect, I cannot hold The Credit Union or its employees responsible if the transaction fails to reach its destination. ACH transactions are governed by regulation E. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Member Signature: _____ Date: _____

Credit Union Employee Who Took Request	
Print CU Employee Name	Teller #

Operations Use Only		
Input Date	OPS Employee Name	Teller #