

# DIRECT PAYMENT AUTHORIZATION (ACH DEBIT)

Use this form to authorize Columbus Metro to debit your loan payment from an account at another institution. Form must be received at least five business days prior to the first withdrawal date.



## Directions

1. Fill out the following authorization completely.
2. Print and sign your application.
3. Return this form to Columbus Metro for processing.

Credit Union Name **Columbus Metro FCU** Routing Number **244077226**

I/We hereby authorize Columbus Metro Federal Credit Union, hereafter called CREDIT UNION, to initiate debit entries to my/our checking or savings account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same such account. I/we acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. law.

This is a (check one)  new request or  change to an existing payment

Depository Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

This is a (check one)  Checking or  Savings Account Payment Amount \$ \_\_\_\_\_

Date To Withdraw Each Month\* \_\_\_\_\_ Start Date \_\_\_\_\_

\* We recommend that you select a date several days before your loan payment is due. If the date you select falls on a weekend or holiday, your account will be debited on the last business day prior to the date indicated above. Selecting a date several days in advance of your payment due date will ensure that your payment is never late.

This authorization is to remain in full force and effect until CREDIT UNION has received written notification from me (or either of us) of its termination in such time and in such manner as to afford CREDIT UNION and DEPOSITORY a reasonable opportunity to act on it.

Name (please print) \_\_\_\_\_

Columbus Metro Account Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**All written debit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.**

**Please attach a copy of a voided check**

## Mailing Address

Columbus Metro FCU  
P.O. Box 13240  
Columbus, OH 43213

## Contact Us

**By Phone** 614.239.0210 or 800.986.3876  
**By Fax** 614.239.0988  
**Online** [www.columbusmetro.org](http://www.columbusmetro.org)