DIRECT FEDERAL
BANKING AT THE RATE OF LIFE

AUTOMATIC PAYMENT SERVICE AGREEMENT

Please use this form to make automatic monthly transfers from another financial institution to your Direct Federal loan or deposit account. Check off all applicable boxes and provide all requested information.

Name _____ Direct Federal Account Number _____

Daytime Telephone # _____ E-Mail Address _____

RECEIVING FINANCIAL INSTITUTION INFORMATION (Where the funds are going to)
DIRECT FEDERAL CREDIT UNION ABA#   2 1 1 3 8 1 7 8 3
☐   Minimum payment due on my Automobile Loan.
☐   Minimum payment due on my Mortgage. Due the 1st of every month
☐   Minimum payment due on my Personal Loan.
☐   Minimum payment due on my Home Equity Line of Credit
☐   Minimum payment due on my Personal Line of Credit.

☐   My Direct Checking Account $ _____

☐   My Direct Savings Account $ _____

All loans due on the 30th of every month (except February), unless noted above.

ORIGINATING INSTITUTION INFORMATION (Where the funds are coming from) I authorize you to debit my account identified below:

Financial Institution _____

Street Address _____

City, State, Zip Code _____

Financial Institution Routing/ ABA number (9 digits) _____

Account Number _____

Account Title (Name on Account) _____

Account Type (choose one): ☐ Checking (please include a voided check) or ☐ Savings REQUIRED

Debit my account on the (at least 5 days prior to due date) _____of each month (if a Saturday, Sunday or a Legal Holiday the debit will be processed the **previous** business day) to pay the minimum monthly payments on my loan or a deposit into a checking or savings account.. (NOTE: First Mortgages are due on the 1st business day on each month and all other loans are due on the 30th.). **This authorization shall remain in full force and effect until Direct Federal has received written notification from me of its termination in such time and in such manner as to afford Direct Federal and Financial Institution a reasonable opportunity to act.** In any case, notification of termination may not be effective to stop any payment scheduled to occur within three (3) business days after Direct Federal's receipt of the notification. I further agree to be bound by the ACH Rules, and I understand that entries may not be initiated in violation of the laws of the United States, and that I am responsible for the accuracy of the account number to be debited.

Signature _____Date _____

(Revised 5/31/2017)