

# DIRECT PAYMENT FORM

## AUTOMATED CLEARING HOUSE (ACH) CREDIT/DEPOSIT TO iTHINK FINANCIAL CREDIT UNION FROM ANOTHER FINANCIAL INSTITUTION.

- Use of this form:**
- To credit/deposit funds into your iTHINK Financial Credit Union account from another financial institution.
  - The credit/deposit cannot exceed \$5,000.00 or the monthly loan due amount; higher amounts must be processed as incoming wire transfers.
- Remember:**
- Cancellations or changes to this agreement must be in writing and require five (5) days advanced notice.
  - For verification, a voided check from the other institution may be attached to this completed form.
  - You can use this form for monthly, weekly or "One Time Only"
  - Deliver a signed copy to the Credit Union in person, by mail or fax authorizes Direct Payments.

*I hereby authorize iTHINK Financial Credit Union to initiate debit entries to my account at the financial institution listed below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.*

**Financial Institution:** \_\_\_\_\_ **Branch:** \_\_\_\_\_

**Routing Number:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

**Type of Account** (Please check one):      Checking \_\_\_\_\_ Money Market \_\_\_\_\_ Savings \_\_\_\_\_

*Please attach a voided check from the other financial institution to this signed agreement.*

**Amount to Debit:** \$ \_\_\_\_\_ **Date to Debit:** \_\_\_\_\_

**Recurrence** (Please check one):      Monthly \_\_\_\_\_ Weekly \_\_\_\_\_ One Time Only \_\_\_\_\_

**Action** (Please check one):      Start \_\_\_\_\_ Skip \_\_\_\_\_ Change \_\_\_\_\_ Stop \_\_\_\_\_

**Distribute funds to iTHINK Financial Credit Union account** \_\_\_\_\_

*This authorization is to remain in full force and effect until iTHINK Financial Credit Union has received written notification from me of its termination, in such time and in such manner as to afford iTHINK Financial Credit Union a reasonable opportunity to act on it.*

Direct Payments scheduled on weekends or holidays will take place on the next business day. The Credit Union will not be liable for any fees or charges assessed by other financial institutions.

The information supplied on this agreement must be accurate and current. You will be liable for any losses incurred because of incorrect information. Immediately notify the Credit Union in writing of any changes involving account number, frequency or amount.

In the event funds are unavailable at the other financial institution, the Credit Union will not re-initiate the debit entry until the next scheduled transfer. It is your responsibility to make other arrangements to pay any loan that was not performed for that transfer frequency. The Credit Union is not obligated to furnish you with a notice in the event the transfer was not completed, nor is the Credit Union liable for any fees or charges assessed by other financial institutions.

**Member Name:** \_\_\_\_\_ **Member Number:** \_\_\_\_\_

**Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Daytime Phone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Please fax this completed form to Electronic Processing at 561.982.4776. For assistance, please contact us at 800.873.5100 or [serviceplus@ithinkfi.org](mailto:serviceplus@ithinkfi.org).**

**P.O. Box 5090 | Boca Raton, FL 33431 | 800.873.5100**  
**[ithinkfi.org](http://ithinkfi.org) | [serviceplus@ithinkfi.org](mailto:serviceplus@ithinkfi.org)**

### FOR CREDIT UNION USE ONLY

Operator Name / Number: \_\_\_\_\_ Extension: \_\_\_\_\_

Date / Time Received: \_\_\_\_\_ Processed By Operator Name / Number: \_\_\_\_\_