

Authorization to ACH

Date: _____

I hereby authorize Rally Credit Union, hereinafter called Rally, to initiate debit entries to my account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and I authorize DEPOSITORY to debit the same to such account for the amount listed below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

This authorization is to remain in full force and effect until Rally has received written notification from me of its termination in such time and manner as to afford Rally and DEPOSITORY a reasonable opportunity to act on it, or until such time that my indebtedness to Rally is fully satisfied. The first debit to my account authorized herein may only post on or after the EFFECTIVE DATE listed below, and in no event may the debit transaction post to my account prior to said date.

******* IMPORTANT: PLEASE ALLOW 14 DAYS FOR PROCESSING *******

Depository Financial Institution Name:
Routing Number:
Account Number:
Account Type (check one): Checking Saving
Effective Date of First Debit:
Frequency Bi-Weekly Semi-Monthly Monthly
Amount:
Member Name:
Member Signature:
Rally Loan Number:
** Attach a voided check if available