

# ACH Authorization Form



## Landmark Information

Member Number: \_\_\_\_\_ Account Number/Loan Number: \_\_\_\_\_

Schedule: \_\_\_\_\_ Amount: \_\_\_\_\_ Mortgage Loan Extra to  
Principal Included in Amount: \_\_\_\_\_

Effective Date(s): \_\_\_\_\_

## Directive and Instruction to Landmark Credit Union

"I (we) hereby authorize Landmark Credit Union as my (our) agent to debit the account identified below which is held in my name at the Other Financial Institution for the Amount listed in this Authorization and apply the debited Amount to the Account or Loan as indicated herein.

If this authorization is for a mortgage payment, I (we) understand that the mortgage payment may change based on estimated annual property taxes, insurance premiums, rate changes, and other annual charges and authorize Landmark Credit Union to withdraw the adjusted amount after it has been disclosed to me (us) in writing. I (we) also agree that Extra to Principal will continue as a set amount regardless of the increase/decrease in the mortgage payment, unless I (we) instruct Landmark Credit Union otherwise in writing.

I (we) may revoke or amend this authorization at any time by delivering a written notice to Landmark Credit Union. I understand that it may take up to 10 business days for the requested revocation or changes to take effect.

## Other Financial Information

Name of Other Financial Institution: \_\_\_\_\_

Account holder(s)/Business Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Type:      Savings      Checking

Please return the completed form to Landmark Credit Union along with a voided check if the payment is coming from a checking account. If it will be coming from a savings account, please return the completed form and an official bank letter that includes the name(s) on the account, account type, account number and routing number to Landmark Credit Union.

## Approval Information

Signature of Depositor(s) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Teller Number: \_\_\_\_\_ Associate Initials: \_\_\_\_\_ Department: \_\_\_\_\_