



## Recurring ACH Authorization Form

By my signature below, I authorize Highmark Federal Credit Union to initiate a recurring debit from my Receiving Depository Financial Institution (RDFI) account to my Highmark account according to debit and credit instructions outlined below.

### 1. Account/Transaction Information

This recurring transaction is to occur each month on the

- 1<sup>st</sup> of the month
- 15<sup>th</sup> of the month
- 25<sup>th</sup> of the month

Member's Name \_\_\_\_\_ Highmark Account # \_\_\_\_\_  
 From: RDFI Bank Name \_\_\_\_\_ RDFI Bank Routing # \_\_\_\_\_  
 RDFI Bank Account # \_\_\_\_\_ Amount of Debit \$ \_\_\_\_\_  
 Savings  Checking  (Type X or place a checkmark in one)

### 2. Distribution Instructions

(Type X or place a checkmark in one)

To: Highmark **Account & suffix** \_\_\_\_\_ Amount \$ \_\_\_\_\_ Savings  Checking  Loan   
 Highmark **Account & suffix** \_\_\_\_\_ Amount \$ \_\_\_\_\_ Savings  Checking  Loan   
 Highmark **Account & suffix** \_\_\_\_\_ Amount \$ \_\_\_\_\_ Savings  Checking  Loan   
 Highmark **Account & suffix** \_\_\_\_\_ Amount \$ \_\_\_\_\_ Savings  Checking  Loan

### 3. Effective Date

Please make these changes effective \_\_\_\_\_ (month/day/year).

### 4. Signature

This authorization will remain in effect until Highmark has received a signed, written notice of its termination from me at least five (5) business days prior to the scheduled transaction date. Highmark Federal Credit Union has the right to terminate this authorization at any time due to circumstances including, but not limited to: notification of a return due to NSF activity or stop payment placement, payment in full of the loan, or notification of incorrect/invalid RDFI routing/account information.

Voided check received

\_\_\_\_\_  
Member's Signature

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

\_\_\_\_\_  
Employee Initials