



**AUTHORIZATION FOR DIRECT PAYMENT**

**HERE IS HOW THE DIRECT PAYMENT PLAN WORKS**

You authorize regularly scheduled payments to be made from your checking or savings account. Then, just sit back and relax. Your payments will be made automatically on the specified day. Proof of payment will appear with your statement. The authority you give to change your account will remain in effect until you notify us in writing to terminate the authorization.

I authorize \_\_\_\_\_ TMH Federal Credit Union \_\_\_\_\_ (company name) to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the company a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

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

City, State, Zip Code: \_\_\_\_\_

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

Name \_\_\_\_\_

Address \_\_\_\_\_

Account Number: \_\_\_\_\_  Checking  Savings

Financial Institution Routing Number (ABA): \_\_\_\_\_

(bottom left of your checks before your account number)



On \_\_\_\_\_ I authorize payment to account # \_\_\_\_\_  
(Today's date)

**TMH Federal Credit Union** **345 S. Magnolia Dr. Tallahassee, FL 32301**

to initiate electronic entries to my loan account and have agreed to the terms listed on the authorization. I may revoke my authorization with you at any time by writing to the address above.

Payment Amount: \$ \_\_\_\_\_ Payment Start Date: \_\_\_\_\_

Payment To:  VISA  Loan Loan Suffix: \_\_\_\_\_

Weekly  Bi-Weekly  Semi-Monthly  Monthly

Please attach a voided check or ACH authorization letter with Direct Payment Form.