



Authorization Agreement for Direct Payments (ACH Debits) – Form Instructions

Argent Credit Union requires an email address to be on record for payment confirmation purposes. Please log onto Online Banking and use the Support link to send us a secure email. You may also call Member Services at 804-748-9488 or 800-943-3328.

Documents can be returned to Argent by:

- Mail to: Argent Credit Union
Attn: Electronic Services
P.O. Box 72
Chesterfield, VA 23832
- Visit one of our branch locations
 - 5403 Jefferson Davis Hwy, North Chesterfield, VA
 - 11900 Chester Village Dr, Chester, VA
 - 3611 Oxbridge Rd, North Chesterfield, VA
 - 1901 Walmart Way, Midlothian, VA
 - 2015 Staples Mill Rd, Richmond, VA

Refer to the illustration below when filling in the routing number and account number of your other financial institution on the Authorization Agreement for Direct Payments (ACH Debits).

The illustration shows a portion of a check form. At the top right, the number "0127" is printed. Below it, the text "PAY TO THE ORDER OF" is followed by a horizontal line. To the right of this line is a rectangular box. Below the box, the word "DOLLARS" is printed. Below the "DOLLARS" text is another horizontal line. Below that is the word "MEMO" followed by a horizontal line. At the bottom of the form, there are three fields separated by vertical bars: "| : 251482833 |", "| : 00000000000000 |", and "| 0127". Below these fields are three vertical lines pointing to the labels "routing number", "account number", and "check number" respectively.

Please call 804-748-9488 or 800-943-3328 with any questions.



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

[] New Request [] Change/Update [] Cancel

I authorize Argent Credit Union (Argent) to initiate a recurring debit entry, and any necessary adjustments, via Electronic Funds Transfer through the Automated Clearing House (EFT-ACH) on my account at the depository financial institution listed below to pay my Argent loan listed below. I understand and agree that I must allow Argent fifteen (15) calendar days to process and initiate the EFT-ACH payment method for my loan, and that my loan payments are due by date(s) specified in my loan agreement. The EFT-ACH payment method does not, in any way alter or change the obligations and/or requirements for payment of my loan.

Transfer From

Form with fields: Depository Financial Institution, Routing Number, Account Number, Name on Account, Select Account Type (Savings/Checking), Amount of Transfer, Start Date, Frequency (Monthly/Semi-Monthly/Bi-Weekly/Weekly)

Transfer To:

Form with fields: Member Name, Phone Number, Member Number, Loan Number, Email Address**

By signing this authorization, I understand and agree to the following:

- List of 10 terms and conditions regarding the ACH payment authorization, including responsibilities, cancellation policies, and indemnification.

** An email address must be provided. If one is not provided then the payment cannot be set up and this form will be invalid.

Member Signature: _____ Date: _____

This form must be signed. Completed form can be returned by mail or delivered to one of our branch locations. Argent Credit Union * PO Box 72, Chesterfield, VA 23832 * www.argentcu.org

Credit Union Use Only: Received By: _____ Date: _____ Entered By: _____ Date: _____