



## 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 sign in to your Online or Mobile Banking account and go to 'My Settings' to add your email address. You may also call our Contact Center 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. To find a branch near you please visit [ArgentCU.org](http://ArgentCU.org).

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 check form with the following fields and labels:

- PAY TO THE ORDER OF**: A line for the payee name.
- 0127**: A small box for the currency type, with **DOLLARS** written below it.
- MEMO**: A line for the payment description.
- | : 251482833 | : 00000000000000 : | 0127**: A line for the routing and account numbers, with labels below:

  - routing number**: Points to the first part of the line.
  - account number**: Points to the second part of the line.
  - check number**: Points to the third part of the line.

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## 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

Depository Financial Institution:	
Routing Number:	
Account Number:	
Name on Account:	
Select Account Type: <input type="checkbox"/> Savings <input type="checkbox"/> Checking	
Amount of Transfer:	Start Date:
Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly	

### Transfer To:

Member Name:	Phone Number:
Member Number:	Loan Number:
Email Address**:	

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

- The payment will process as indicated based on the "From" and "To" information entered above and I am responsible to make sure the funds are available in the "From" account on or before each scheduled date.
- If the "day of month" falls on a weekend or holiday, the payment will occur on the next business day.
- Argent will attempt to withdraw each scheduled loan payment one time. If the debit is returned, I acknowledge that I must pay my loan payment and all accrued late fees by other means. Argent may assess a return fee of \$30.00. I understand that Argent will not be responsible or liable for any penalties or charges assessed by any other financial institution as a result of returned transactions. Argent will process the next scheduled payment; however, if for two successive months the payment is returned by the depository institution, this authorization will automatically terminate.
- I must notify Argent in writing, by completing a new form, of any changes to my "From" or "To" information at least fifteen (15) calendar days prior to the next scheduled automatic payment.
- I understand and agree that if I fail to provide a written cancellation fifteen (15) calendar days in advance when the above loan has been paid in full, the recurring debit entry will continue and funds will be deposited to my share account at Argent Credit Union.
- Argent reserves the right to cancel this agreement/transfer at its sole discretion for situations including but not limited to NSF (Non-Sufficient Funds), returned payments, security/fraud concerns, etc.
- I certify that the information I have provided is correct and that I am an authorized signer or designate of the account provided for ACH transactions and am entitled to provide this authorization. I agree to indemnify and hold Argent harmless from any claims resulting from the processing of this automatic payment which occurred as a result of incorrect information provided by me.
- I acknowledge that the origination of the ACH transactions to my account must comply with the provisions of U.S. laws and regulations.

**\*\* 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:** \_\_\_\_\_