

# Texas Plains Federal

*Just plain Texas... just like you!*

804 S Madison  
Amarillo, Texas 79101  
806-373-6641 or 800-272-6641  
fax: 806-373-2421

## ACH Payment Authorization Form

Schedule a one-time or recurring payment to be automatically deducted from your checking or savings account. Just complete and sign this form to get started!

### Here's How ACH Payments Work:

You authorize a one-time or regularly scheduled charge to your checking or savings account. You will be charged the amount shown below on the date or schedule indicated. The charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

**Please complete the information below:** (please print)

I \_\_\_\_\_ authorize Texas Plains Federal to charge my bank account  
(full name)

indicated below for the following one-time or scheduled amount for payment of my loan# \_\_\_\_\_

Member # \_\_\_\_\_ Amount: \_\_\_\_\_

One Time Payment

Recurring Payment Schedule

One Time Payment Date: \_\_\_\_\_

Start Date: \_\_\_\_\_

Weekly: \_\_\_\_\_ Bi-Weekly: \_\_\_\_\_

Semi-Monthly: \_\_\_\_\_ Monthly: \_\_\_\_\_

### Bank Account

Checking  Savings

Name on Acct: \_\_\_\_\_

Bank Name: \_\_\_\_\_

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

Bank Routing #: \_\_\_\_\_

Bank City/State: \_\_\_\_\_

Routing Number Account Number  
22222222 000 111 555 1027

### Billing Address

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone#: \_\_\_\_\_

Email: \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

For a One Time Payment this authorization is for a single transaction on or after the indicated date. For a Recurring Payment Schedule, I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Texas Plains Federal in writing of any changes in my account information or termination of this authorization at least 10 business days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Texas Plains Federal may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$20.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.